University of Alberta

Exploring Phenomenology as a Pedagogical Focus for the Development of Empathetic and Caring Nursing Practice.

by

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Dedication

This Master's thesis is dedicated to my husband Chad who has not only provided me with much insight and discourse throughout this process, but who has also made a commitment to further my education, thank you Chad for being such as supportive partner. I would also like to thank my daughters Ava and Maya who have lovingly referred to this project as my "me-thiss"— thank you girls for showing me everyday the nature of unconditional love. This thesis is also dedicated to the profession of nursing, which has provided me with opportunities to experience the worlds of other people and given me reasons to care. Most importantly, to the field of adult education for inspiring me as an educator and for opening my eyes to the different exciting directions that nursing education can take.

Abstract

This Master's thesis entitled "*Exploring Phenomenology as a Pedagogical Focus for the Development of Empathetic and Caring Nursing Practice*" examines alternative methods for the development of caring practice in undergraduate nursing students. Empathy is identified as a stimulus for the development of caring. The notions of caring practice and caring pedagogy are examined. A discussion of caring pedagogy is situated within current educational approaches and orientations. Transformative and experiential learning are developed as theoretical foundations for the development of phenomenologically-guided educational practice. Finally, strategies are proposed for the development and leveling of phenomenological exercises within nursing curricula. The use of phenomenology for the development of caring practice affords opportunity for the continued development of humanistic educational practices within nursing education.

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Introduction

Often, as nurse educators, we are torn between meeting the behaviouristic criteria in nursing education and the transformative educational frameworks that guide future nursing practice. While nursing educators identify the need for nursing education to shift beyond the continued focus on the development of psychomotor skill that has been dominant in the natural science paradigm, there are few pedagogical strategies and discussions available concerned with advancing the development of caring or humanistic student practice. Bevis and Watson's (1989) book, *Toward a Caring Curriculum: A New Pedagogy for Nursing* provided foundational values and arguments throughout this thesis regarding the further development of student empathy and caring practice within nursing education. While Bevis and Watson called for the development of caring pedagogy over eighteen years ago, nursing education has been slow in further developing and implementing theses types of pedagogical frameworks. Part of this problem lies with the pedagogical strategies currently utilized for the development of caring practice. While exercises such as journaling, role-modeling, vicarious experience, and courses on caring promote some aspects of reflective practice, they are often not transferred into the students evolving practice as a nurse. This brings about the following question throughout this thesis: Has nursing education approached the development of caring in a way that transforms and guides nursing students' future caring practice? The purpose of this master's thesis is to attempt to articulate how nurse educators can stimulate the development of caring nursing practice through the use of phenomenological inquiry as pedagogical method. This exploration of experience for the development of caring is

supported by adult educational theory and guided through a humanistic approach to nursing education.

Phenomenology as a philosophical school of thought has become a popular borrowed theory within nursing scholarship. Nurse researchers have incorporated its use within academic practice to further gain insight into the experience of others in nursing and in other health-related contexts. Nursing has, to some extent, evolved phenomenology towards a more subjective view of the experience of others. This further ontological focus has been both praised as a key catalyst for nursing's progression as a human science (Benner, 1994; Parse, 1998; Patterson & Zderad, 1976), and criticized as a misuse of phenomenology's true philosophic intent (Crotty, 1996). However, if we put the debate about nursing's use of phenomenology aside for a moment, the discussion of phenomenology's potential use outside of a qualitative research focus is an important one. Phenomenology has many potential uses within education. Max van Manen (1984, 1990) has examined the use of phenomenological writing in educational practice[1]. Although van Manen initially focused on the use of phenomenology and the development of pedagogical practice, Bevis & Watson (1989) have also articulated the use of phenomenology not only in nursing practice, but also its potential use in nursing education. Yet, van Manen has taken time to examine phenomenology's use within nursing practice, and has supported the notion that there are several different aspects of phenomenological inquiry. Van Manen's views have supported that phenomenology has the potential to evolve beyond its philosophical orientations into clearer methodological

[1] Van Manen has viewed phenomenological inquiry as a methodology, form of writing, method and procedure, epistemology of practice, orientation, and source of meaning.

focus. Phenomenological inquiry can become a central focus as well as a pedagogical stimulus for the development of caring nursing practice.

Utilizing phenomenological inquiry as a pedagogical aid can further extend and develop nursing student's skills so that they evolve into a "way of being" in practice. Phenomenological inquiry, as an educational focus, concentrates on the experience of others and provides a viewpoint that encourages students to reflect beyond their own presuppositions as to how they would deal with the challenges that some of their patients face. What I am proposing through this thesis is that phenomenological inquiry be viewed from a different methodological standpoint for the purpose of developing empathetic practice in nursing education. Phenomenology inquiry and reflection can be utilized as a reflective cycle that promotes the development of caring.

Throughout this thesis I have attempted to articulate how this reflective cycle of student practice develops through the use of phenomenological inquiry. The start of this reflective cycle begins with empathy as a core foundation and stimulus for student practice, and it is through the development and use of empathy that each student's own caring practice evolves. This development of caring practice is furthered though a focus on caring pedagogy within nursing education. Caring pedagogy is not only housed within humanistic and critical educational orientations, but is nurtured, developed, and continually influenced through the use of phenomenological inquiry. Phenomenological inquiry as an educational focus evolves from phenomenology as a philosophic discipline. It is through the articulation and understanding of philosophic/radical phenomenology that educational strategies can be formed and levelled within adult and nursing education.

I have attempted to articulate this process through the three chapters of this master's thesis.

Chapter one provides a foundational discussion of the place of empathy and caring within nursing practice. Empathy as a concept in nursing is compared to its use in the natural and human science paradigms. The discussion is situated around the use of empathy within the human sciences and how it is translated into current nursing pedagogy. Empathy is identified as a precursor for the development of caring nursing practice. The importance of the centrality of care to nursing practice is discussed and what is meant by caring practice is examined. Predominant views of caring practice are also forwarded, focusing on nurse theorists who have articulated the place of caring in nursing practice, and on those theorists who have evolved theoretical views of care as an ontic process that starts with the care of and attention to the experience of others.

Further discussion examines current nursing programs that are guided by traditional meta-paradigmatic views focusing on behavioural outcomes, and how these affect the implementation of caring pedagogy. A rethinking of nursing programs in regards to curricula, philosophy and, most importantly, institutional climates, are proposed. Although pedagogical approaches to caring do exist to some degree in all nursing curricula, the notion of caring is often not articulated outside of normative conceptual frameworks, nor transformed into pedagogical strategies.

The use of phenomenological inquiry in nursing education has the potential to change how nursing students develop caring practice. Through the focus on the experience of others, nursing students may potentially develop deeper empathy that leads to the development of a richer, more experiential type of nursing practice. A

phenomenological view of caring is rooted in a phenomenological perspective that reflects on the experiences of others. The use of phenomenology as a pedagogical aid for the development of caring is briefly introduced in relation to the development of empathy and caring in student practice.

While chapter one situates the places of empathy and caring within nursing practice and education, chapter two establishes what is meant by *caring pedagogy* and how it can be supported within nursing educational practice. This chapter explores the use of adult educational philosophies and theories that would support the development of a caring pedagogy through a phenomenological focus. Philosophical orientations such as behaviouralism, progressivism, humanism, and critical post-modernism are identified and critiqued in regards to their potential for caring pedagogy and nursing education. Phenomenology's place in adult education is briefly discussed in this chapter, but only as it enters into the discussion of humanistic educational practices for the development of caring practice.

This chapter approaches the development of caring in nursing students through a humanistic and critical focus. Transformative and experiential learning are brought forward as key adult educational theories that support this development and are dialogued in regards to their theoretical assumptions and potential use within nursing education. The role of the educator and the student within a caring educational framework are identified and further integrated within the humanistic orientation. A key argument involves the use of critical post modernity and its place in caring pedagogy, with the notion of care as a marginalized process as a central theme.

Chapter three highlights the field of philosophic phenomenology and finally moves beyond theoretical propositions of the use of phenomenology for developing caring practice and suggests strategies for integrating phenomenology into nursing education. This chapter begins with an articulation of Edmund Husserl's original views of philosophic phenomenology in terms of *life world*, *intentionality*, and *phenomenological reduction*. The evolution of philosophic phenomenology from an epistemological to an ontological focus is traced through Edmund Husserl, Martin Heidegger, Maurice Merleau-Ponty, and Hans-Georg Gadamer. Nursing's current use of phenomenology is critiqued, and ways of integrating phenomenology within nursing education are proposed. The notions of phenomenologically-guided educational and nursing practice are discussed, and, more importantly, strategies for the implementation of phenomenology in nursing curricula are identified. These strategies include the levelling of three different views of phenomenology that trace the evolution of phenomenological thought from epistemological towards ontological frameworks. These strategies include the use of Speigelberg's *Self Transposal Theory*, Benner's (1994) notion of *Interpretive Phenomenology* in nursing practice, and Peter Willis' (1999) use *of Empathetic Phenomenology.*

Further discourse is needed regarding phenomenology's potential use in nursing education that extends past its current use as a primary research methodology. Phenomenology not only serves as a pedagogical aid in developing caring practice, it also serves as a proponent towards humanistic curricula and the further development of critical perspectives within nursing practice. This thesis attempts to further articulate not

only the need for the continued development of caring pedagogy, but for nurse educators to examine the use of experience for a more humanly engaged educational practice.

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Chapter One

Situating Empathy and Caring Practice in Nursing Education through a Phenomenological Lens

> *There is a place where differences and commonalities, unity and diversity, can be seen as the poles around which beauty revolves. The axis between these poles is called empathy.* *(Herbert Muschamp)*

Empathy is often identified as an integral aspect of nursing practice. Although there is debate as to whether or not empathy is an inherent trait of the registered nurse or a continually evolving nursing skill, its place within nursing practice and education needs to be further explored. And while nursing students can often describe the concepts of empathy and caring and how they relate to nursing practice, few can articulate how they learned to become more empathetic within their own nursing practice. Yet empathy remains an important tenant of nursing practice as it stimulates the development of caring practice. Empathy has the potential to be a learned process, one that a nurse can continually build upon and develop over his/her career. Unfortunately, many current pedagogical approaches within nursing education do not focus on the potentially transformative aspects of empathy as a learned process.

Nursing pedagogues have approached the development of empathy and caring in a way that informs student practice, but it can be questioned if they are transforming student practice. Though current pedagogical strategies have focused on the identification and articulation of caring practice, nurse educators have found it difficult to create and sustain a caring methodology within the educational setting. This chapter

builds on an alternative approach to caring education through the use of phenomenological inquiry as a method of transformative education (Benner et al., 1996; Bevis & Watson, 1989; Parse, 1998; Spichiger, Wallhagen, & Benner, 2005). Phenomenology in its simplest definition is a "method of inquiry that offers a way of systematically studying and learning about phenomena that are typically difficult to observe or measure" (Wilding & Whiteford, 2005, p.99). A phenomenological approach to nursing pedagogy has the potential to create opportunities for the study and development of humanistic and ontic care practices for nursing students.

When phenomenological inquiry is intersected with empathetic and caring practice, the possibility for transformative learning opportunities for nursing students opens up. It stimulates the student to know another's world view, which in itself is a necessary precursor for understanding any type of communication experience (Finch, 2004, p.253). This chapter will: 1) Situate empathy as the precursor for the development of caring nursing practice; 2) Explore what is meant by caring in nursing practice and education; 3) Critique current approaches to caring pedagogy within nursing education; and 4) Suggest how phenomenological inquiry can be utilized as a pedagogical starting point for the development of empathetic student practice. Throughout this chapter the development of empathy and caring within a phenomenological context will be situated within the human science paragdigmatic view of nursing practice.

Empathy as the Precursor for the Development of Caring Nursing Practice

The first section of this chapter attempts to situate empathy as a precursor for the development of caring student practice. This discussion is first advanced through current definitions and perceptions of empathy within the health professions. Empathy's potential as a transformative process is explored through the human science paradigm existing within nursing education. Phenomenological inquiry as a potential aid in the development of empathy is initially introduced.

Definitions of Empathy

Empathy is a term used interchangeably throughout nursing practice since it carries with it several connotations. As a general starting point, the Oxford medical dictionary defines empathy as "the ability to understand the thoughts and emotions of another person." However, throughout the literature there is much debate concerning not only the concept of empathy, but also its nature, attributes, and process as well. Three main areas within the health professions—medicine, psychology, and nursing—have all offered differing views on the concept of empathy.

Physician empathy has been examined in the cognitive, affective, and behavioural dimensions (Bylund & Makoul, 2002, p.207). For example a predominant focus within medical literature is that empathy is a cognitive and sometimes affective ability that improves communication and gains trust within the physician-patient relationship, and serves as the essence of social intelligence (Hojat, Gonnella, Mangione, Nasea, Veloski, Eddmann, Callahan, & Magee, 2002). Physicians have viewed empathy as the cognitive

capacity to understand, an affective ability to be sensitive to a patient's feelings, and a behavioural ability to convey empathy to a patient (Bylund & Makoul, 2002, p.207). Empathy is seen as trait-like in nature and that it should show measurable qualities over time (Froman & Peloquin, 2000, p.567). Hojat et al. (2002) also go so far as to suggest that the inability of physicians to show empathy towards patients may lead to an increased willingness to take legal action against the physician regardless of the medical care (p.120). Empathy is thereby seen as a skill that the physician uses to better relationships and create a trusting environment. It does however, throughout the literature, remain a peripheral skill and not a foundational aspect of professional medical practice.

Psychology has drawn its notion of empathy from several perspectives that have extended past its initial use within the therapeutic relationship. A focus on the humanistic tradition, as seen especially in the work of Carl Rodgers (Walker & Alligood, 2001, p.140) is a primary focus when examining empathy, as well as perspectives within social medicine regarding the understanding and development of ways to identify and measure empathetic practice. The concept of empathy has here been identified as a vicarious emotional reaction between one person and another (Mehrabian & Epstein, 1972), a cognitive understanding of other people's behaviour through understanding their situations, and a type of fantasy-empathy in which empathy is released through fictitious situations (Davis, 1983; Shapiro and Rucker, 2004; Stoland et al. 1978). Psychological literature has also attempted to isolate and measure the concept of empathy and the development of empathetic traits. Instruments such as the "Hogan Empathy-Scale" (Hogan, 1969), "Questionnaire Measure of Emotional Empathy" (Mehrabian & Epstein,

1972), "Impulsiveness-Venturesomeness-Empathy Scale" (Eysenck, Daum, Schugens, and Diehl, 1990) and the "Interpersonal Reactivity Index" (Davis, 1983) have been popularized studies of the cognitive and affective characteristics of empathy.

Nursing as a discipline initially identified with the concept of empathy as it pertained to the therapeutic relationship in psychology. Empathy has been articulated as a relational skill with intrapersonal and interpersonal components (Bennet, 1995) and as a process that begins with active listening, which in turn creates cognitive understanding and leads to better communication between nurses and patients (Barrett-Lennard, 1993). Morse, Bottorff, Anderson, O'Brien, & Solberg (1992) support this development of empathetic thought and suggest the use of emotional empathy, a process that is learned by role modeling and experience. They also have identified four components of empathy: emotive, moral, cognitive, and behavioural (p.813).[2] Kunyk & Olson (2001) analysed nursing literature pertaining to empathy from 1992-2000 and identified five conceptualizations of empathy. These conceptualizations included: "empathy as a human trait, empathy as a professional state, empathy as a communication process, empathy as caring, and empathy as a special relationship" (p.317). Olson (1995) had also previously explored in her study, *Relationships between nurse-expressed empathy patient-perceived empathy, and patient distress*, that when nurses' expressed empathy increased towards their patients, that patients' distress decreased, and patients' perceived empathy from the nurses increased (p.7). Beddoe (1994) differentiated between *emotional contagion*, which

[2] Definitions of the four components of empathy include: 1) Emotive empathy that is the ability to subjectively experience and share in another's emotions or feelings, 2) Moral empathy which is an internal altruistic focuses that motivates the practice of empathy, 3) Cognitive empathy which encompasses the process where the provider has the intellectual ability to identify and understand another person's feelings through an objective stance, 4) Behavioural which is a communicative response to convey and transfer another's perspective.

involves taking on the concerns of another, and *empathetic concern*, which is caring about the well being of another that does not require shared emotion (p.3). Through all of these various definitions and studies pertaining to empathy, nursing as a discipline is still evolving the place of empathy within nursing practice.

Nursing's use of empathy as a borrowed theory has come under some criticism. One of the main concerns pertains to the use of empathy in nursing practice not being re-adapted to the unique nature of the nurse-patient relationship (Walker & Alligood, 2007). There has also been a call for a deeper understanding of empathy. As nursing theory has evolved, empathy's use in nursing has been shifted past cognition and pre-defined therapeutic relationships into the more affective realm. However, critics such as Welsh (2004) maintain that empathy is an inherent trait of the nurse, and that it is something that cannot be learned (p.18). Benner et al. (1996) have also found that some of these views still exist within nursing education, and that students are in fact often expected to enter into nursing programs with ideals such as caring, openness, trust, and involvement already in place. These views have prompted the nursing discipline to articulate and prove the use of empathy by attempting to isolate and measure empathetic characteristics within practice. This attempt, however, has been "mired in imprecise definition and reliance on research instrumentation" (Walker & Alligood, 2001, p. 141). The focus on the development of empathy, therefore, needs to be approached from a different perspective within nursing practice and education.

Nursing education can "provide critical opportunities to foster empathy" (Beddoe, 1994, p.3). There are various definitions and perceptions of empathy that contribute to a general hesitancy of pedagogues' attempts to teach it within nursing curriculum. As

educators, we spend time identifying empathy as a concept, but spend little time developing it as something that transcends into nursing practice and evolves throughout a nurses' career. Part of this challenge stems from the delay of humanistic educational practices in nursing education. Empathy as well as other concepts such as caring and engagement are still not at the forefront of nursing educational practice (Benner et al., 1996). In order to re-examine the place of empathy within nursing curricula and teaching practice, the concept of empathy needs to be revisited.

Part of this re-examination begins with reframing the use of empathy from a perspective that attempts to comprehend the experience of others. The word empathy has been associated with the philosophical school of thought known as phenomenology. Decker-Brown (2003) identify that phenomenology in itself provides the "philosophic basis for humanistic nursing…that in turn relies on phenomenological expression to describe the nature of the nurse patient relationship" (McCamant, 2006, p.335). The study of empathy within the context of phenomenological inquiry has the potential to further develop caring practice if it is the case that "we experience before we theorize" (Kestenbaum, 1982, p.viii). However, in order to advance the discussion of empathy into the realm of phenomenological inquiry, we must redefine it within a humanistic and qualitative focus, so that empathy moves beyond a feeling, into an understanding of human experience as it really is (Edwards, 1998). It is through the experience of the nurse-patient relationship that the qualities of being a nurse can be experienced, thereby making humanistic nursing a lived dialogue between the nurse and the patient as they exist together in the larger world (Kleiman, 2004, in McCamant, 2006, p.335). More specifically, by teaching students to identify and explore the experiences of others, there

is the potential for them to develop a new skill set that moves beyond the focus of psychomotor skill acquisition towards more humanistic and caring practices. That is, empathy becomes a skill that exists as a "way of being in practice" and shifts itself beyond expected behavioural patient outcomes and the focus of psychomotor skills involved in patient care. In order to pedagogically guide empathy as a way of being in nursing and educational practice, it must first be re-situated within the human science paradigmatic view and maintain congruency with phenomenological inquiry.

Empathy as a Transformative Process

In order to support the development of empathy within a phenomenological and potentially transformative perspective, empathy needs to be situated within both the human science paradigm and a phenomenological perspective. As the discipline of nursing has grown it has shifted, in its focus and intent, away from the natural scientific paradigm that once dominated it, toward nursing as a human science. Part of this shift was due to the fact that science could not treat aspects of personhood in exactly the same way it approaches people's organic being (Spichiger, et al., 2005, p.305). In the human science paradigm, health is "constituted within and inseparable from the lived experience of a person" (McIntyre, 1999, p.50). So a human science perspective gives nurse researchers opportunities to capture the uniqueness of nursing by illuminating experiences and meaning in practice (Berg, Skott, & Danielson, 2006, p.42). Here is a recognition that, while nursing practice will always have roots in practical/natural science, it is important for nursing to explore beyond the physical states of health and illness in a person, to the context and meaning that the person attributes to health.

Watson (1988) echoes this point by recognizing the need for constructed knowledge as well as procedural knowledge in nursing; that is, for nurses not to marginalize caring practices by focusing primarily on treatment techniques and procedures (Benner, 1994, xix). In such a way nursing grows from being described as scientific, rational, and positivistic to "humanistic, existentialistic, holistic, subjective, intuitive, phenomenological, and human experience orientated" (p.5). The human science paradigm of nursing practice most closely reflects a holistic view of nursing care and articulates the development of empathetic practice through the use of phenomenological inquiry.

When reflecting on the development of empathy from the human science paradigm it is important to re-focus on the key tenants of empathy represented in this viewpoint. Empathy is situated from a holistic perspective, care and attention is given to the patient's experience during health or illness. Empathy becomes more than an action, or form of advanced communication, it becomes interpersonal in nature. Patterson & Zderad (1976) state: "interpersonal empathy always involves movement into another's perspective and as a form of movement it has directions, dimensions, and degrees. Empathy is not sympathy: it is not projection, it is not identification" (p.87). Empathy requires a sensitive ability to interpret inner thoughts, understandings, feelings, and desires from indirect clues such as gestures, demeanour, expression, and body language (van Manen, 1991). Empathy itself becomes more than an advanced communication technique. It extends past rehearsed dialogue or a scripted set of therapeutic behaviours. It is the process of stepping outside the realm of current nursing practice and learning to isolate the experience of another. This concept of isolating experience stems from the

philosophic tradition of phenomenology. Phenomenology fits well into the human science paradigm as it re-directs nursing care back to the experience of the patient, and helps to guide nursing care practices towards the patient's experience during health and illness.

Supporting Empathy from a Phenomenological Perspective

Katz (1963) maintains that when we understand another person we know them as a totality. We realize who and what they are as they experience themselves, and most of all we strive to comprehend them. Redefining empathy to fit it as a process that complements phenomenological inquiry involves shifting the concept of empathy away from quantitative and positivistic focuses, that "assume that caring [and empathy] can be operationalized into measurable features" (Spichiger et al., 2005, p.305). Empathy itself becomes more than "appropriate controlled, professional response to the patient's affective reaction to illness" (Moscrop, 2005, p.59). It extends beyond a form of advanced communication towards the ability to experience another in their situated space and time. Empathy cannot merely be dissected as a cognitive understanding of another person that is separate from the process of experiencing another person's situated experience within an illness. Neither can empathy be strictly quantified according to any measurement tool or scale (Yegdich, 1999); standards of measurement simply are not relevant when focusing on empathy (Katz, 1963, p.19). Any scientific judgment of empathy as a cognitive technique must take into account the complexity of empathy itself (p. 19). Empathy extends far beyond the constraints of the biomedical model into holistic practice, which uses empathy as a tool in forming a foundation for patient care. This

focus within the human science paradigm reshapes the use of empathy within nursing practice. No longer can empathetic processes in education be explored by having a student pretend to be a patient for a day or "put themselves in someone else's shoes." Empathy becomes a complex process of inter-relatedness, understanding, conceptualizing and experiencing. Empathy becomes more than "just an intellectual identification; empathy must be accompanied by feeling: in the absence of feeling there is no empathy" (Bylund & Makoul, 2002, p.207). Empathy when viewed from a phenomenological perspective needs to tie into key tenets of phenomenological inquiry. Both philosophic and scientific uses of phenomenology work well for developing empathetic practice.[3]

Empathy as a Precursor for Caring Practice

Empathy's development in a humanistic and phenomenological focus has been discussed, but the importance of empathy within nursing practice is its ability to act as a stimulus for the development of caring. Social psychology theory describes empathy as a primary motivation for altruistic behaviour (Batson, Turk, Shaw, & Klein, 1995). Batson (1990) identifies altruism as "a pro-social behaviour that occurs in a direct response to the emotional experience of empathy" (in McCamant, 2006, p. 337). Thereby empathy acts as a precursor for caring practice, since "caring encompasses the nurse's empathy for and connection with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, and appropriate care" (AACN, 1998, p.8 in Farenwald et al., 2005). Caring is a concept that has many meanings attached to it. Scotto (2003) speaks of intellectual, psychological, spiritual, and physical caring in

[3] The third chapter of this thesis further defines and articulates how phenomenological tenets can influence the development of student caring practice.

nursing and suggests that students can assess their caring by paying attention to these areas (p.290). It becomes the responsibility of the pedagogue to guide the development in these areas and thereby encourage students to develop empathetic skills that lead to the development of caring practice. Spichiger et al. (2005) examined what is meant by caring practice. They defined practice as a "culturally based shared activity with a tradition that has standards of excellence in which its practitioners strive to achieve" and that caring practice "begins with practitioners who let human beings matter to them" (p.304). The next section attempts to articulate the place of caring in nursing practice and education as well as envision how care is represented when empathy is a precursor for its development.

Caring in Nursing Practice and Education

Care and the process of caring are central frameworks within the discipline of nursing. Care in itself is an experienced process that depends on the reciprocation of that care in another. Nursing has afforded much discussion regarding different definitions of and aspects of care, but it can be questioned if care can be successfully given without empathy. This section explores care as a central concept in nursing and furthers the discussion of care with empathy as a precursor for the development of caring student practice.

Centrality of Care in Nursing

"Caring" is a word infused as a core value in nursing curricula—as a criteria for student success in the clinical area, as an internal characteristic that a nurse must possess, as an action in the nurse-client relationship, and as a central dominant unifying feature of nursing practice (Leininger, 1988). Spichiger et al. (2005) describe care as the essence of nursing, a goal or mission, and as a moral ideal or central value of nursing (p.304). On the other hand, Michael Crotty (1996) has criticized nurses for using the word *caring* as a "weasel word," twisting it around but never being clear as to what it means. Here he makes a salient point: What do we mean in nursing education when we talk about *caring*? While the importance of caring to the practice of nursing seems self-evident, there are several points that should be examined. Caring inquiry is how a nurse learns what matters to a client, it extends past basic physical nursing care into the subjective experience of a person during health or illness (McIntyre, 1999, p.50). Max van Manen speaks of this separation in nursing in terms of the *gnostic* and *pathic* hand of nursing care: the *gnostic* hand referring to the rationalistic factors such as diagnosis and prognosis, and the *pathic* hand which "meets a person in the heart of his or her existence… and aims to console and comfort" (Van Manen, 1991, in Annells, 1999, p.6). Leininger speaks of "humanistic caring" that consists of subjective feelings and experience, which is contrasted to with what she refers to as "scientific caring" that relies on quantified knowledge related to specific variables (Leininger 1981, p.101). This separation of task from caring, as well as the redirected focus towards care as a philosophy in nursing practice, continues to evolve nursing beyond current natural science focuses, into a human science.

Empathy and caring are words that nurse educators use often, which introduces another problem. While each of these terms describe an action the nurse takes to understand the experience of another human, they are not synonymous with each other. When a student has an ability to empathize with another human, he or she opens up the possibility of fostering a caring relationship. In this sense it may be questioned if care can be given without empathy. Watson (1988) states that "caring involves the humanity of the nurse, expands to embrace the humanity of the other and seeks to preserve the inter-subjective human-to-human relation between nurse and the other as a process of mutuality and trust" (p.3). Therefore, care in itself is not just an action of physical psychomotor skill and task, or a demonstration of caring behaviours such as the use of touch. Care is relational in nature and guided by not only the nurse giving care, but also by the patient's perception and acceptance of the care received.

Ideally, perhaps, caring is a heightened response given to another person, in a moment of time where the person feels the nurse has understood or experienced them within their situated space and time. It is a moment where the nurse sees his/her patient through a different lens, free of presuppositions or judgments, and where the patient feels care from the nurse. B. Curtis and W. Mayo (1978) articulates this moment when they speaks of the concept of "soul work" in education:

> We need to remind ourselves how each in his own soul faces the certainty of his death and the uncertainty of life: he faces the anguish of his own private fear and shame, and he nourishes his own private hopes and joys: he faces his own struggle, and he alone knows what it costs. This reminds us of the way that life is filled with

> care, and that the care is so much hidden; care is felt and it is felt in the privacy of the human soul.(p.84)

Thinking of care as being felt in the privacy of the human soul reinforces the notion that care cannot only be given by the nurse: it needs to be received by the patient. Caring then should be thought of as both the skill and attention of the nurse to the experience of another and the acceptance of the interpretation of that experience by the patient.

Watson (1988) speaks to the notion that the caring relationship for the nurse and the other can become an existential turning point. Human care itself is an "epistemic endeavour that defines both nurse and person… and requires serious study, reflection, action and search for new knowledge and new insights that will help to discover new meaning and understandings" (p. 30). With this in mind, it is clear that teaching the concept of caring in nursing education should reach beyond the teaching of basic caring behaviours, advanced communication, and the therapeutic relationship. To understand caring in this way will require moving forward from the behavioural constraints within nursing education and bringing care forward as a philosophic foundation student practice.

Current Approaches to Caring Pedagogy within Nursing Education

In order to understand the challenges that nurse educators face in the development of caring student practice and caring pedagogy, it is imperative to discuss current educational models, pedagogical approaches to the development of caring practice, and challenges that educators face in integrating aspects of humanistic educational practices into their curricula.

Current Nursing Educational Models in Nursing Education

Prior to discussing current pedagogical strategies for the development of empathetic and caring practice within nursing education, it is helpful to articulate nursing education's prevailing past and present educational models and metaparadigmatic views of integrating caring into nursing educational practice. Nursing education has been caught between the evolution of nursing as a caring practice and the behavioural aspects needed to graduate safe practitioners with skill levels to meet the rising acuity within institutional and community settings. While caring is seen as a foundation for nursing practice, its integration into institutional work environments remains difficult. This is due to factors that do not support caring practice, such as increased workload of nurses in clinical/community areas, shortages of nurses at the bedside, and institutional policies that maintain patriarchal and hierarchal views of nursing's place as a discipline. Herdman (2004) describes this phenomenon as *postemotionalism*, a process whereby social problems are no longer seen as being resolvable, so empathy is not directed towards them (p.96). Nursing education has the potential to be a key proponent for the development and implementation of caring practice, by graduating nurses with caring practice as a non-negotiable foundation for their practice.

However, even nursing education has been mired in indecision as to how to develop caring practices within their graduates. Part of this is influenced by nursing education's traditional use of the Tylerian curriculum-development model[4]. Although this model is

[4] The Tylerian curriculum-development model has influenced nursing education by shifting nursing diagnosis to the "stylized, rule-driven, problem-solving nursing process and measured student success within programs through behavioural objectives". This type of curriculum model is orientated towards the

based primarily on measurable objectives and behavioural outcomes, which are less conducive to the development of caring, it has served nursing education well for the acquisition and measurement of psychomotor skills, the provision of patient safety in the clinical area, the development of core clinical competencies, and the memorization of key scientific nursing concepts (Bevis et al., 1989). Trends in nursing education in the last ten years have also focused on critical thinking, simulation, care scenarios, and concept mapping, which are typically encompassed in progressive, more individual-centered types of learning activities (Streubert-Speziale & Jacobson, 2005). By incorporating a stronger stance towards humanistic orientations towards caring pedagogy, nurse educators can further create caring centered curricula within their institutions.

Although there have been theorists such as Jean Watson (1988), Rosemarie Rizzo-Parse (1998), Patricia Benner (1994) who have proposed that nurse educators view pedagogy and theory from phenomenological or existential perspectives, nursing education has been slow to make these theories accessible and valuable to nursing students and practising nurses. Almost eighteen years ago, Bevis & Watson, in their book *Toward a Caring Curriculum: A New Pedagogy for Nursing* (1989) identified the need to expand nursing education into a caring, humanly-centered curriculum. However, this process has been slow due to many intrinsic and extrinsic pressures on nursing education, such as prevailing metaparadigmatic views of how nursing education should be structured with its focus on psychomotor skill development, lack of clinical time, shortages of nursing educators, and influences of health care institutions. Clark (2005) suggests that these institutional climates are a result of nursing faculty continuing to

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memorization of skill and is often misused within nursing curricula by trying to make it applicable towards all nursing curricula matters (Bevis & Watson, 1989).

"polarize pedagogical approaches towards more masculine methods of knowledge construction" (p.6). These methods include rationalism, behaviouralism, medicalization, reliance on technology, and focus on medical treatments and cures. There is also little to no indication of research that promotes specific pedagogical tools which might be needed to guide this process for nursing students (Bevis et al., 1989, Lee-Hsieh, Kuo, & Tseng, 2005).

One of the challenges towards restructuring curricula towards a human science focus is that nursing education has been caught between behaviouralistic and humanistic focuses. Indeed, in nursing's evolution from a physical to a human science, there has been a call for nursing education to expand its philosophic roots and become more multi-dimensional in practice. This occurs by promoting a shift away from current paradigmatic approaches to nursing education that do not "raise the philosophical issues or scientific questions that stimulate inquiry" (Newman, 1991 in McIntyre, 1999, p.47). It has been noted that without "interpretive tools people simply accept their situations as normal" (Smith, n.d.). The new human science paradigm has grown from the perspective that people are "continuous with their lived experience and cannot be separated from that" (Prolifroni & Welch, 1999, p.50). When examining the place of care and caring practices within the discipline of nursing, educators should be encouraged to move past the metaparadigmatic view that focuses primarily on the nurse, client, environment, and health. At the same time, they should also approach nursing education from a philosophical stance that can be incorporated usefully into educational practice. The key lies in nurturing students and creating academic environments where caring is valued, experienced and taught, and where human knowledge is actualized (Koldjeski, 1990).

This process starts with re-evaluating and re-focusing the place of caring pedagogy within nursing education. Part of this restructuring involves re-shifting nursing education within the constructivist paradigm.[5] That is, it is important to recognize that nursing knowledge is created through interaction between teachers and students, as well as through students' interactions with other nurses and patients within the clinical area. This knowledge becomes reconstructed through the experiences of the student and the careful attention that they pay to the experience of others.

Pedagogical Approaches to Teaching Empathy and Care

Nursing research has focused on cognitive and interpersonal strategies to foster empathy in nurses, the cognitive approach focusing on the nature/attributes of empathy and the interpersonal approach on communication and perception (Beddoe, 2004, p.3). Beddoe (2004) further argues that it has been found that "empathy related to cognitive processes is retained better in nursing practice than behavioural/communicative approaches that decrease over time" (p.3). Little research exists on specific and effective methods for teaching caring to nursing students, nor are there clear descriptions on how to teach and evaluate concepts related to caring practice (Lee-Hsieh, et al., 2005, Scotto, 2003, p.289). Current pedagogical approaches to caring in nursing curricula include: 1) use of vicarious experience (starting point towards the use of phenomenology); 2) use of case-scenarios; 3) identification of caring practice and behaviours; 4) role-modeling of faculty and preceptors of caring behaviour; and 5) use of critical reflection. Caring is a process that can be taught and learned (Lebold & Douglas, 1998). Students may begin to

[5] Guba & Lincoln (1994) describe the constructivist paradigm as having an ontologically relativist perspective, whereas "realities are apprehendable in the form of multiple, intangible mental constructions, socially and experientially based" (p.110).

learn caring through the "scholarly practices of reading, writing, thinking, and dialoguing" (p.17). However these skills that evoke caring need to be translated into the development caring practice, instead of a student simply articulating what caring is as a concept. That is, curriculum should "reflect what the profession can and should be, rather than reflecting current practice" (King & Gerwig, 1981, p.26). Nursing education can serve as the stimulus for the advancement of the development of professional caring practice.

It occurs to me that we as nurse educators are at a standstill in the development of caring pedagogy. Part of this stems from the fact that although students can often articulate what caring means and how it may be represented in nursing practice, few are able to understand the complex process involved in developing empathy and caring practice. Although current pedagogical tools for the development of caring such as care journaling (Sappinton, 2004), role-modeling, developing of caring codes (Lee-Hsieh et al., 2005), reflection, vicarious experience, and case scenarios are valuable for the development and understanding of what caring is, it can be questioned if these exercises are fostering the development of ongoing caring practice. Part of caring is more than reflective nursing practice: the student needs to develop a type of holistic practice that re-focuses and links nursing care to the experience of the patient, more specifically to see a patient through a phenomenological lens. It is this way of being in the student's practice that may lead to transformative learning processes.

Caring does not lend itself well to a behaviouralistic paradigm; as stated earlier; I have difficulty conceptualizing caring and empathy as measurable behavioural objectives. Nursing education can shift its focus beyond behaviouralism, skill acquisition, and

critical thinking, and teach students to combine these skills within a humanly competent and focused nursing practice. Watson (1988) sees every human encounter as a caring occasion, and suggests that the "educational setting is where caring theory can first be applied and later translated from pedagogical practice into the clinical world of nursing" (p.56). The overall goal within clinical education is to have the student become more effectively, skilfully, and humanly engaged in practice (Benner, 1994, p.xv). New student-centered and narrative pedagogies focus on teachers and students collectively sharing and interpreting stories of their experiences in nursing (Ironside, Diekelmann, and Hirschmann, 2005, p.52). But, the use of narrative within clinical settings needs to be taken one step further, beyond a mere collected sharing of experiences. The student's experience of another's needs has the potential to become transformative in nature.

Although it has been identified throughout the literature that caring "is a process that can be taught and learned," still the "conceptual complexity of caring creates difficulty in developing methods for teaching nursing students" (Lee-Hsieh et al., 2005, p.177). Phenomenological inquiry has the potential to create pedagogical strategies for the development of caring practice and translate caring into a way of being in nursing practice. A focus on a phenomenological view of caring addresses the ways that "ontological concerns structure the person's life world and how specific ontic care practices must be attuned to the persons life world (Spichiger et al., 2005, p.309). Nursing educators can aid this experience in assisting the student to identify interpersonal constructs by drawing on the reality of relationships with actual patients in the real clinical situation (Lauder, Reynolds, Smith, & Sharkey, 2002). Though reflective writing is valuable in developing critical thinking skills, documenting professional practice

experiences, fostering self-understanding, and facilitating coping, this reflection that has the potential for student transformation needs to be focused on a different type of student experience.

Phenomenological Inquiry as a Pedagogical Aid for the Development of Caring

Care and Phenomenological Inquiry

Phenomenological inquiry has the potential not only to contribute to nursing research, but to also provide an alternative perspective that has important educational implications (Yorks & Kasl, 2002, p.176). Watson (1988) raised the concern that nursing education is conducted in an atmosphere that often ignores the philosophical and moral context of nursing activities (p.177). Phenomenological inquiry can give students the words to express what they have observed, interpreted, and understood from others' experience within clinical practice. The field of phenomenology has been well accepted within the human science paradigm as it seeks to isolate experience (Husserl, 1964), locates what it means to be human (Heidegger, 1962), explores a person's point of view of the world (Merleau-Ponty, 1974), and seeks to understand it (Gadamer, 1975).

Certain proponents of nursing curricula have proposed that "talking about human beings and their experiences including a emphasis on the importance of the lived life of a person for understanding human experience" will provide future nurses with "a critical perspective that is sensitive to human phenomena for meaningful participation in discourses on human health experience" (Prolifroni & Welch, 1999, p.50). Nurses, that is, should understand the lived experience of patients in order to limit or prevent

misunderstandings and inaccuracies in communication (Finch, 2004, p.21). Teaching strategies in nursing education can be "planned to reflect an appreciation of the assumptions and values underpinning a phenomenologic perspective" (p.49). Although nursing has adopted a primarily ontological view of phenomenology that is grounded in Heideggarian practice and hermeneutic/interpretive inquiry, the use of phenomenological inquiry from its radical/philosophic Husserlian roots to its ontological focus can be integrated throughout nursing programs. What is important is for phenomenology to be conceptualized as a *way of being in practice* (a verb) instead of a *method for practice* (a noun) (York & Kasl, 2002).[6] This shift in viewpoint allows educators to examine how they can assist learners in sharing a full sense of the other's experience instead of reflecting on its meanings (Willis, 1999). Merleau-Ponty describes this process of phenomenology as being "practiced and identified as a manner or style of thinking, that existed as a movement before arriving at complete awareness of itself as a philosophy" (In Kestenbaum, 1982, p.17).

Prior to the development of phenomenology as a way of being in practice, educators need to assist students in gaining a phenomenological perspective. The student is encouraged to see illness from the patient's vantage point, which is not a matter of one merely imagining themselves within the patient's situation. Kestenbaum (1982) refers to this as the "humanity of the ill." Phenomenology helps to uncover the human meaning of illness and in doing so locates illness within the larger context of the human condition (p.viii). It is the ability to experience something in common with another person and then jump over to his side and re-experience the event from the position of the other person

[6] This view of experience is encompassed in what Yorks & Kasl term a pragmatist vs. phenomenologic viewpoint. This concept is further explored in Chapters two and three of this thesis.

(Buber in Katz, 1963, p.34). Through the new focus on a patient's experience, the student is asked to "put into works what they have always known, but did not have the words to express" (Dreyfus, 1991, in Benner 1994). It becomes the role of the educator in this situation to encourage students to be aware of their presuppositions and prejudices when providing care, suspend these beliefs, experience the other from a phenomenological perspective, and reflect on the other's experience. It is through this process the student can form a reflective cycle of clinical practice that stems from basic phenomenological tenets that further support transformative learning processes. This focus on experience and the meaning that patients tie to it encourages caring as a process "related to the person's ontological structures of concerns that shape his or her being in the world" (p.306). This notion of ontic care calls for a focus on care giving practices that are attuned to and directed by the patients' experiences.

A phenomenological perspective on caring considers the one caring for and the one cared for. "Care has ontological privilege in that it constitutes our being in the world, care is ontological in that it structures being human, and what and how something matters to persons and what they can encounter and know" (Spichiger et al., 2005, p.300). Ontological care[7] is not a specific type of caring intervention, it relates to the "person's ontological structures of concerns that shape his or her being in the world" (p.306). Therefore a phenomenological perspective on caring always involves human beings

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[7] Spichiger et al., (2005) state that caring is ontological in three ways:

1) It sets up what matters and thereby what is stressful, to a person and which possibilities are available for coping. Caring in itself makes the care giver vulnerable to experiencing loss and pain, but may also give joy and fulfillment.
2) Caring enables persons to focus on the event or the one cared for.
3) Caring sets up the ways in which giving help and receiving help are possible (p.300).

existing in a world of meaning and that caring actions are determined by the world and the care-givers commitments (p.307).

Still, as theoretically feasible as the shift towards this new pedagogy may seem, nursing education remains tied somewhat to its Tylerian roots, and, although there may not be philosophical opposition to exploring phenomenology in curricula, there is still a reluctance to explore the pedagogical potential of phenomenological inquiry. There are also questions as to how an educator takes a complex philosophic tradition such as phenomenology and makes it understandable and accessible to students. The third chapter in this thesis suggests how to introduce and level phenomenology throughout undergraduate nursing curricula in a way that is understandable to nursing students. However, if phenomenology is to be addressed within nursing pedagogy, a shift will be needed to maintain a careful balance between Tylerian rationalism and curricula that is more humanly centered. By re-examining current traditional teaching methods and creating new pedagogical structures, nursing education can shift its focus beyond behaviouralism, skill acquisition, and pure problem solving and teach students to combine these skills within a humanly competent and focused nursing practice.

Conclusion

This chapter has explored the centrality of care in nursing education and suggests that it can be implemented pedagogically through the use of phenomenological inquiry as an educational method. The focus on caring curricula and the need to shift away from the Tylerian curriculum model have prompted nursing educators to look for ways to teach and practice within a human science paradigm. It is the responsibility of both the student

and the educator to make time for the development of empathetic and caring skills in nursing practice. The development of phenomenologically guided practice gives the student an opportunity to move away from the pure acquisition of psychomotor skills within the clinical area towards the development of humanly engaged and competent nursing practice. Through the use of phenomenology, nursing students can learn to practice through a phenomenological lens that in turn heightens and develops empathetic processes in their current and future nursing practices. This shift in pedagogy is possible with the support of nursing curricula, nursing education institutions, and nurse educators.

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Chapter Two

Creating Human Centered Pedagogy through Phenomenology and Adult Educational Theory

The previous chapter explored empathy as a stimulus for the development of caring practice through the use of phenomenological inquiry. The success of this type of pedagogical approach relies on its successful implementation into nursing education and more specifically its use within nursing curricula. Nursing education remains within the conflict between behaviouralism and the emergence of new student-focused pedagogies. This chapter re-focuses on pervading philosophical orientations within nursing education and further articulates the roles that these orientations play in the development of caring pedagogy and humanistic nursing educational practice.

The academic discipline of Adult Education plays a key role in providing frameworks for defining educational philosophy as well as guiding and re-focusing the place of caring pedagogy within nursing education. Adult educational theories such as *transformative* and *experiential learning* provide theoretical frameworks for the discussion of this type of phenomenologically-guided educational practice. These methods and strategies are able to further caring knowledge through the development and construction of caring practice within nursing students. Most importantly, discussion advancing humanism as an educational philosophy further opens up the discussion of critical post-modernity in nursing education. Care has been seen as a marginalized practice within the discipline of nursing. Rethinking and re-expanding the development of caring practice as a foundational skill in nursing students has the potential to challenge perceptions of caring within our health care institutions and society as a whole.

The development and directions for caring pedagogy are discussed through the following framework:

1. What is meant by caring pedagogy and what is its place in nursing education?
2. Where does caring pedagogy fit into nursing educational philosophy?
3. What methods from adult educational theory can be used to support this type of pedagogical framework?
4. What are the roles of the educator and of the student in this process?
5. How does caring pedagogy fulfil a critical postmodern perspective?

Caring Pedagogy

It is difficult to find a set definition of caring pedagogy within the literature. However in the context of this chapter, caring pedagogy refers to those educational endeavours that encourage the development of caring student practice. Caring pedagogy within nursing education can encompass conventional, critical, phenomenological and postmodern ideals. It may be reflected through multiple pedagogies that include the narrative, phenomenological, experiential, and relational viewpoints. Narrative examples of caring pedagogy can hold "meaning about what it is to care for and about and what it is to experience care" (Spichiger, 2005, p.306). Phenomenological aspects of caring consider caring as being ontologically tied to the people involved within the process of caring. Care becomes ontological in that it structures being human and ties meaning to those structures. Caring is important to nursing as a discipline as it is "through caring relationships nurses interact, connect, and come to know the context of meaning of illness, beliefs, and preferences of patients and their families" (Duffy, 2005, p.3). These relational aspects of care are integral in the development of caring practice.

Caring pedagogy is situated within the humanistic philosophical orientation of education (Berg, Skott, & Danielson, 2006), as "human beings dwell in human worlds constituted by care, relying on others, and the human lifeworlds they both constitute and are in turn constituted by" (Spichiger, 2005, p.306). An approach to caring within nursing education becomes student centered and guided by pedagogies that seek to understand the experience of others. But it is difficult to promote the development, implementation, and evaluation of caring pedagogy within a behaviourist orientation. Caring pedagogy starts within the institutional framework, is created for students through caring relationships formed with faculty, and fostered in environments where students are given time to reflect on their own experience and the experience of others.

Caring pedagogy also has the potential to not only bring forth curricula that are focused within a humanistic viewpoint; it has the potential to focus on the critical viewpoint as well. Caring has become a marginalized practice within nursing education and nursing as a discipline; there are multiple opportunities to examine the place of caring and make space for the development of further caring practices for nurses within the broader context of society. Prior to embarking on this exploration of caring pedagogy, nursing education's current philosophies need to be articulated, and the frameworks that support caring through the use of adult educational theory discussed.

Current Nursing Educational Orientations/Philosophies

Part of the challenge in creating and integrating caring pedagogy in itself lies in re-challenging the educational philosophies currently pervading nursing education. Although nursing educators and academics have articulated the need for change in

nursing educational practice towards those that are more humanistic in intent, nursing education has at times "adopted uncritically what [their] institutions claim is best, or what the current trend is in educational thought" (Scott et al., 1998, p.99). Although it has been determined that aspects of lived experience and humanism are integral to nursing practice, few educational programs are able to represent humanism in its true philosophical orientation. This is largely due to the fact that nursing education remains stagnated in two major philosophical schools of thought; behaviouralism and progressivism. The latter I will argue that nursing education has confused the progressive orientation with humanism to some extent and has presumed that it remains enough to implement caring pedagogy.

Scott, Spencer, & Thomas (1998) in their chapter *Philosophies in Action in Learning for Life: Canadian Readings in Adult Education* identify the philosophical orientations most often used by adult educators. These orientations are identified as liberal/perennialism, progressivism, behaviourism, humanism, and radial or critical orientations (p.99).[8] Behaviouralism as a philosophical orientation to education places students under control of their behaviour, both inside and outside the classroom or institution. The teacher's role is to encourage desired behaviour and eliminate undesired behaviours (Scott et al., 1998, p.102). Behaviouralism is a central component to some degree in nursing education. There are particular aspects of nursing practice that need to be learned and preformed correctly. A primary example of this is the development of psychomotor skills. There is a logical sequence of steps and rationalistic criteria behind

[8] This section discusses further the use of behaviouralism and progressivism within nursing education as a central focus. There are aspects of liberal/perennialism within nursing education to some extent. However, nursing's main challenge is re-addressing the techno-economic emphases that pervade through the focus on skill development and vocational training within nursing education. It is the focus on this type of psychomotor skill development that has halted the development of caring educational practice.

tasks such as dressing changes, administering injections, and safely administering medications. Although skills such as critical thinking often accompany these skills sets,[9] the underlying competency of the skill itself is paramount for the safety of others. However, nursing education remains focused on behavioural aspects of nursing care outside of the psychomotor realm. At times competency-based education, self-control, and mastery learning (Scott, et al., 1998) overshadow the place and development of humanistic nursing practice. More specifically, nurse educators continue to use behaviouralistic criteria for evaluation, even in the midst of progressive or humanistic educational processes.

Progressivism grew from the need to deviate from traditional methods of education, in which the teacher was the knowledge holder and the student the receiver of that knowledge. Students are encouraged to interact with their environments and interpret meanings of their experiences (Kolb, 1984 in Scott et al., 1998, p.101). Learners become in charge of their own learning by reflecting on their experiences through problem solving. This philosophy has been adapted in nursing education through the use of problem/context-based learning.[10] These methods have worked well for the development of student's ability to critically think and clinically reason. This orientation begins to focus on student experience and how it affects their learning and professional nursing practice, so that students are able to make connections between theory and practice and learn to think as a nurse within clinical practice. They more readily make

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[9] The development of critical though has been furthered through the use of the progressive orientation to education

[10] In 1997 the University of Alberta Collaborative Undergraduate Nursing program implemented a Context-Based learning (CBL) curriculum with the goal to better the integration and consolidation of students' learning with professional nursing practice (University of Alberta, 2001, p.4). CBL is an innovative approach encompassing many of the principles of problem based learning.

connections between ideas relating to lecture and clinical practice, and have more opportunities to dialogue with their peers and instructor regarding these connections.

The use of progressivism within adult education has been primarily supported by Malcolm Knowles' (1980) theory of andragogy. It is important to enter into this discussion as the progressive focus on the individual has affected particular aspects in the development of caring pedagogy. Knowles focused his androgogical model on the centrality of the learner and the value of learner experience (Grace, 1996). This focus on the individual meeting their learner needs in a self-directed manner is popular within nursing education. Education becomes a means for the learner to fulfil personal and professional needs. This focus on individual learning often guides the nursing students in the construction of their own professional nursing practice. Part of the problem in this process of student's constructing their own practice without attention to the experience of others and that learners continue to focus on the development of techno-rational skills and not other aspects of nursing practice. Andragogy as a continued focus in nursing education does not direct learners towards a critical/social agenda. This focus stays on the learner and individual learner achievement, not on "relations of power, contexts, and the foundations of adult education" (Grace, 1998). It is this lack of critical focus in nursing education that may contribute to the pervading social/work life issues in nursing practice, as students remain focused on individual achievement and not the contribution to nursing as a collective discipline.[11] It is important to consider that "curriculum revisions that merely rearrange courses and course content or add content without

[11] There is also a discussion that surrounds Knowles' theory of andragogy as not taking into account not only the critical, but also the feminist viewpoint. Although feminist pedagogy is an important focus for nursing education, I have chosen not group gendered issues of experience into this current discussion of caring pedagogy. I have subsumed that a critical agenda in this context pays attention to "positionality, including race, class, sexual orientation, ableness, age, and gender" (Tisdell, 2001).

critiquing the underlying, unquestioned assumptions of this content will not function as transformative" (Weyenberg, 1998). Collins (1992) articulates the need for a "critical stance [in education] that leads us towards the notion of a committed pedagogy that contributes to social change, instead of merely reacting to it" (in Grace, 1996). This focus on the progressive orientation and the continuing androgogical assumptions about learners in nursing education inhibits the development of connected teaching/learning environments. Connected teaching is reflected within affective and emotional components of learning, intuition, learning in and throughout life, and personal/social influences on learning (Flannery & Hayes, 2000, p.20-21).

While behaviouralism and progressivism do have some positive uses in nursing education, one of the barriers to the development of caring pedagogy is the perception that nursing education can still address caring practice within these orientations. Even progressive learning strategies are often evaluated using behaviourist methods, such as exams and competency based testing (i.e. OSCE).[12] Although many nursing programs list caring as a central or core value within their conceptual frameworks and program philosophies, few actually carry through with humanistic educational practices within their curricula. Benner (1994) feels that this has resulted because

> logical positivism and the preference for the disengaged criteria-based reasoning (Taylor, 1993) in the human sciences cause a systemic bias for the study of breakdown and systematic blindness to embodied, lived experience in learning, health, illness and any human transformation that includes transition and experiential learning. (p.xiii)

[12] OSCE: Objective Structured Clinical Examinations: a method of skill evaluation whereby the student must perform a psychomotor task or skill, with pre-determined criteria that must be met in order to pass. The student typically demonstrates a skill to an instructor and is evaluated based on skill performance.

It is this preference that Benner speaks of that slows the success of new transformative pedagogies in nursing education. Although the infusion of the arts and humanities provide an antidote for the depersonalization that accompanies scientific technology (Bevis & Watson, 1989, p.87), this endeavour needs to be more than theoretical in nature.

A humanistic orientation to educational practice allows for the learner to "become authentically involved in knowledge construction and meaning making" (Bevis & Watson, 1989, p.102). Individualized learning and learner-centered curricula, instruction, and evaluation become key, and build upon a different focus than the progressive orientation. This difference occurs with knowledge becoming something that the learner can personally relate to and is evaluated to the extent that the learner learns things about themselves in relation to the subject matter. Scott et al. (1998) identify the humanist teacher as a mediator who enables freedom of choice to accommodate the unique needs of the learning group. A prime opportunity for this type of learning within nursing education lies within the clinical area. However, one challenge that clinical instructors face is the continued pressure from both the institutions and the students to continue to focus on the development of psychomotor skills and other behavioural aspects of clinical practice. It is those activities that often overshadow the development of humanistic care practices within the clinical area. Part of this, in my opinion, is the lack of time spent by nurse educators in developing pedagogical strategies that address the humanity of others within the clinical setting, and the continued focus on time management and the acquisition of measurable skills.

Phenomenology as a method and philosophy of nursing educational practice has the potential to develop and support caring pedagogy by providing a pedagogical

framework for the development of caring practice. Decker-Brown (2003) states that "phenomenology provides the philosophical basis for humanistic nursing" (in McCamant, 2006, p.335). This occurs by utilizing phenomenological reflection in the student-patient relationship for the development of student empathy. This occurs through the use of "phenomenological expression to describe the nature of the nurse-patient relationship" (p.335). This development of empathy serves as a stimulus for the development of caring practice and the understanding of the experience of others. My intent is not to devalue nursing education's use of behaviouralism and progressivism, but to further build on these philosophical orientations and make space for nursing educators to articulate educational philosophies that best represent the place of caring pedagogy. Adult educational theory is foundational for the development of this type of caring educational practice, as adult education has not only defined the progression of educational philosophy, but has articulated types of learning theories that best represent each orientation, and how each of these orientations can transform educational practice.

Experiential and Transformative Learning as Methods for Caring Pedagogy

In light of the discussion of caring curriculum that focuses on student-centered humanistic approaches, it is important to enter into the discussion of not only the development of pedagogy for adult educators in these areas, but the place of learning from experience. Would students learn more if we taught less? (Diekelmann, 2005, p.485). More specifically, would students learn more if we as educators could guide the development in an experiential way? When speaking of the development of experience, I am not approaching it from a vocational sense, that a student needs more practical

experience as to the role of the nurse. What I am examining is how nursing students can develop a more humanly-centered nursing practice by learning to focus on the experience of others. A second issue lies in the use of transformative learning strategies in nursing education and to what extent it should be utilized for the development of caring pedagogy. Nursing education has been struggling with the implementation of curricula that stems away from the behavioural criterion of the Tylerian curriculum-centered model[13] on which many of its programs have been based. While few nurse academics challenge the use of new experiential or humanistic pedagogy, many are still struggling with how it should be represented and supported within curricula.

The field of adult education has much to offer nursing education in regards to key theories such as transformative learning, experiential learning, and the use of phenomenology in pedagogical practice. Other human sciences such as psychology have struggled with the implementation and adaptation of theories from other disciplines and also have much insight to afford to nursing education and academia. Giorgi (1985) supports the use of phenomenology in the social sciences and has supported nursing's development of phenomenological research and development. This has helped to advance the use of humanism in nursing educational practice. Learning itself, when approached from a humanistic focus, can support nursing education as a "major process of human adaptation" (Kolb,1984, p.32), that seeks to reframe and transform students' past experience and re-direct future caring practice.

Adult educational theory has much to contribute to nursing education for the development of a caring centered curriculum. The primary theory of transformative

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[13] Tylerian curricula model has affected nursing education by continuing to focus nursing education on behavioural outcomes. It primarily stems from competency based education and the development of rationalistic criteria for evaluation.

learning provides a distinguishable outcome for faculty and students. A focus on teaching and learning for transformation can move curricula beyond behaviouralist boundaries that can stifle the development of new pedagogy. This focus on transformative learning for the development of empathetic or caring practices can be grounded in the use of experiential learning. Experiential learning is an integration of personal experience, reflection, and transformation of the learner (Burnard, 1990). Experience is used to guide and open up educational possibilities for the student. More specifically, when "experience is conceptualized from a phenomenological perspective, the foundational role becomes clear" (Yorks & Kasl, 2002, p.181). Phenomenology can be used as a pedagogical aid in the development of experience but it needs to be supported by adult educational theory that focuses on the experience of others and transformative aspects of this experience within the educational process. Phenomenology cannot be in itself a lone philosophy; it must have the ability to be translated into practice and supported by adult learning theory. It is known that adult learners bring with them a certain amount of life experience; this experience can aid or hinder their educational development. What I am proposing, as many others have in nursing education (Bevis &Watson,1989; Benner, 1994, Benner et al., 1996; Leininger, 1988; Koldjeski, 1990; and Parse, 1998), is that we focus on the experience of others in order to further develop student nursing practice in a fundamentally different way than within an outcome-driven model.

This section explores adult education learning theories regarding transformative and experiential learning for the development of phenomenological reflection within the adult learner. A "theory of experience grounded in radical phenomenology provides an

alternative perspective" that has important educational implications (Yorks & Kasl, 2002, p.181). The intent of this chapter is not to highlight the major tenets of radical or philosophic phenomenology, but to examine what is meant by phenomenologically-guided educational practice and what prerequisites there might be for this type of practice in regards to adult educational theories and the assessment of learner readiness. The use of phenomenology within adult education will be examined first, followed by a discussion of transformative and experiential learning and the roles that these two theories play in the integration and development of phenomenologically-guided educational and student practice.

Phenomenology and Adult Education

Phenomenology has been described as a "human science method", one that can be reflected on in regards to educational practice, as "tact through perceptiveness, interpretive sensibility, pathic intuitiveness, situational confidence, and thoughtful action" (van Manen, n.d., para.1). Phenomenology's focus as a methodological practice brings forth the skills of reflection of both students and educators. Its philosophical tenets do not become an educational technique per se, but have the potential to transcend into a "way of being" within educational practice. This begins with the ability of the educator to translate and support a complex theoretical school of thought, such as phenomenology, into educational practice. Diekelmann (2005) identifies that the transformation of nursing education lies in faculty examining their own teaching practice and holding it open while they await new approaches. Adult education has much insight to offer nursing education not only in adult learning theory but also strategies and approaches to

integrate more humanistic approaches towards education. Much of the work of Max van Manen has been afforded to the use of phenomenology in education, and he has taken time to explore the phenomenology of nursing practice as well. Van Manen (1984) sees that the "end of phenomenological research is to sponsor critical educational competence: knowing how to act tactfully in pedagogic situations on the basis of carefully edited thoughtfulness" (p.36). It is this thoughtfulness that can be brought forward in nursing students towards the development of empathetic and caring nursing practice. Beddoe & Murphy (2004) state that

> nursing education has the potential to provide critical opportunities to foster empathy, and thereby learning skills that lead to increased student awareness and self care that could have positive long term consequences in the student's educational, professional, and personal lives by fostering empathy and enhancing personal knowledge. (p. 309)

However, this thoughtfulness within nursing education cannot be brought forward by phenomenological skill alone; it needs to be supported by learning theory. This is where key humanistic-oriented adult educational theories such as *transformative* and *experiential learning* come into play for the development of a phenomenologically-guided pedagogy.

Transformative Learning Theory

Transformative learning is a "dramatic fundamental change in the way we see ourselves and the world in which we live" (Merriam & Caffarella, 1999, p.318). It is derived from the need for education to encompass more than merely adding to what we

already know; it shapes people in a new way (p.318). Transformative learning is important for adult and nursing education as it moves the learner past rote memorization and understanding of knowledge. It helps learners to see their place in the world and to make changes within themselves, throughout the learning process. Transformative learning is imperative to the advancement of undergraduate nursing education as it can help students to move past the acquirement of psychomotor skills into the realm of supporting and advancing the professionalization of nursing practice. Mezirow brings light to this problem, of focusing on behavioural aspects of practice, by stating that "we learn differently when we learn to perform than when we are learning to understand what is being communicated to us" (1990, p.1). Therefore the focus must not be purely on what the student is learning, but how they understand it and how it affects their own belief system and the potential to unlearn pre-understandings or meaning perspectives.

Transformative learning also involves reassessing the presuppositions on which our beliefs are based and acting on insights derived from the transformed meaning perspective that result from such reassessments. Mezirow speaks to the importance of meaning perspectives, within his theory of perspective transformation, as they influence and guide the interpretation for the learner (1990, p.2). Meaning perspectives include what we perceive, what we do not perceive, what we comprehend, what we remember, and defence mechanisms that may be used to provide a more compatible interpretation of an experience. Often learners have anxiety when an experience does not fit within their previously established meaning perspective.

The question lies in how educators challenge students to examine and change meaning perspectives. William Bean Kennedy (1990) uses an excellent metaphor for

changes in meaning structures. He compares it to that of a cocoon, within the protective framework of which the larvae develop. There are changes that occur inside of the cocoon but they remain within the protective framework of the cocoon itself. It is not until the butterflies develop and see frameworks outside their "lives" that they begin to question not only the internal contradictions but the limitations themselves (p.100). In regards to changing previous meaning structures when teaching empathy, the student must see what influences and promotes their own empathetic processes, as well as hinders them. Browder-Lazenby & Collins (2003) identify that the core of transformative learning is to provide an alternate means of teaching that will focus on the change of underlying beliefs and social structures of the learner (p.81). Merriam and Caffarella (1999) identify that this change is brought forward through key concepts of transformative learning: experience, critical reflection, and development (p.326).

Experience

Nursing students enter the program with different types of experience. Often it is unclear as to where experience stands within the learning process or which kinds of experience should count. Dewey (1938) notes that all genuine education comes about through experience and that not all experience educates (Merriam et al., 1999, p.81). Students' past experience may also inhibit their intellectual and moral growth as well as limit future experiences (p.81). Merleau-Ponty (1962) and Husserl's (1964) views on experience have enforced my belief that students can be taught to: 1) reflect on their past experience; 2) interpret experience by relating it to relevant features of context; and 3) analyze the form of a type of experience (van Manen, 1984). Within the transformative

learning process, the student must be able to critically reflect upon experiences that are outside of previous life structure and integrate these experiences into existing life structures. The goal of the educator in this process should be to consciously disrupt the learner's world view and stimulate uncertainty, ambiguity, and doubt in the learner's previously taken for granted interpretations (Mezirow, 1990). It is important to keep in mind that transformative learning does go beyond reflection-in-action, but involves critical self-reflection and an examination of the learning environment so that the students' lives are transformed (Gilbert, 2003). This responsibility, to create this environment and promote critical reflection within students, lies with the educator.

This transformation in student practice can be facilitated through the use of experiential learning. Kolb (1984) describes learning from experience as an interaction of two processes: 1) experience is taken in or grasped, and 2) it is transformed into meaning (Yorks & Kasl, 2002, p.180). Burnard (1990) identifies that experiential learning not only enhances personal growth, but also enables the learner to develop self awareness. This process is critical as it is imperative that we understand both ourselves and our abilities when dealing with others (p.64). Experiential learning forms a foundation for transformative practice, by encouraging self awareness of the learner. This reflection aids in the development of caring student practice as the "ontologically secure person is all too aware of human frailty but despite it remains determined to act in a genuine and honest way" (Burnard, 1990, p. 4). There are many different types of experiential learning methods abundant within the literature (Heron, 1996; Kolb, 1984). However, there is a different focus on experiential learning and knowledge when relating it to the development of caring practice and pedagogy through the use of

phenomenologically-guided nursing education. Experiential learning occurs from life experience, adult education and humanistic education, and education of feelings and thoughts. It is the concentration of what Bernard (1990) articulates as "human skills." Nurse educators can contribute to this process by aiding students to make sense of their past experience and develop "human skill" within nursing practice.

The student, by knowing themselves and questioning previous meaning structures, undergoes a process similar to that which is called *perspective transformation* in transformative learning theory (Mezirow, 1990). Angela Brew (1993) refers to this process as *unlearning*. Unlearning means that what we know changes our worldview, or an aspect of it, as a result we cannot reconstitute it in its original form (p.88). If experiential learning is truly effective, we are open to the opportunities for unlearning which are presented to us (p.91). Therefore the notion of learning from experience has the capacity to transform prior experience and undo prior learning (p.88). Experiential learning emphasizes the evolving nature of knowledge (p.44). This experiential knowledge is developed from the student understanding and creating "a view of the world in the student's own terms and knowledge becomes part of the person themselves (Burnard, 1990, p.44).

Experiential learning becomes "any learning activity which enhances the development of experiential knowledge" (p.39). However in the development of caring pedagogy there needs to be a different use of experiential learning as there is a different focus on the type of experiential knowledge that is to be generated by the student. Yorks and Kasl (2002) focus on a theory of experience grounded in radical phenomenology and move away from what they identify as the primary theory of experience in adult

education that is influenced by "John Dewey and American Pragmatism" (p.176).[14] John Heron (1996) conceptualized the use of experience through a phenomenological perspective. He treats "experience as a process as an encounter of the world" (Yorks & Kasl, 2002, p.182). He saw experience as a verb rather than a noun, that there were multiple ways to knowing, and that there was a theoretical distinction between feeling and emotion (p.182). From this perspective he developed four ways of knowing: experiential, presentational, propositional, and practical (p.182).[15] When conceptualizing the use of phenomenology from an experiential learning viewpoint the concept of experiential knowing becomes a key focus. Experiential knowing becomes "evident when we meet and feel the presence of some energy, entity, person, place, process or thing" (p.182). It is this process of experiential knowing that leads to further processes of experiential learning and thereby the development of reflective practice.

In his discussion of reflective practice, Willis (1999) describes what he terms "an expressive phenomenological approach" to bring about the experienced episodes of practice (p.92). Expressive knowledge is generated by the knowing person allowing "an element of the world to present itself for contemplation, then attempting to construct a text which accounts for that experience in its wholeness" (p.93). The approach itself is twofold. The first area of focus lies within what Willis terms an *empathetic*

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[14] Yorks and Kasl see this pragmatic understanding of experience as a noun, that experience becomes a resource that can be "catalogued, objectified, and reflected on" (p.180). They support the notion of experience as a felt encounter (experience as a verb) and refer to the work of John Heron to support this view. Although Yorks and Kasl categorize Mezirow and Kolb in this pragmatist viewpoint, it is difficult to put foundational works from Mezirow and Kolb aside. When conceptualizing the use of phenomenology as a pedagogical aid in experience it is possible to view it both as a noun and a verb. Both can transcend into methodological practice to some extent. Chapter three looks at this process and how it can be integrated into nursing education.

[15] Presentational knowing is evident in our grasp of the significance of imaginal patterns. Propositional knowing is expressed in intellectual statements. Practical knowing is evident in knowing how to exercise a skill (Yorks & Kasl, 2002, p.182). All of these ways of knowing are valuable to adult and nursing education. However, I have chosen to focus on experiential knowing for the context of my argument of the generation of expressive knowledge.

phenomenological approach, a type of reflection that is situated in the ontological presence that each person brings, and the second is the *intuiting* approach that draws on philosophic phenomenology that explores the "whatness" of a particular experience (p.94).[16] What is important to focus on here is the development of expressive knowledge. This knowledge generation results from the care and attention of experience in professional practice. Willis articulates this process through these modes of reflection generated from expressive description. The first mode of reflection is *Contextual reflection* in which the educator "uncovers social and cultural forces shaping his or her activities" (p.104-105). The second mode of reflection is *Dispositional reflection* in which the educator considers their attitudes and ideals, and the third is *Experiential reflection*, in which the educator reflects on events of practice as lived experience (p.105). This last mode of experiential reflection can serve as a proponent for the development of caring student practice. Willis follows a process much like Van Manen's (1984) views on phenomenological writing. The student backgrounds, sketches, and undergoes a poetised reflection of the experience itself. Much of this process underlies the key tenets of experiential learning: reflection, experience, and transformation of the learner.

Critical Reflection

Jenson (2003) makes a salient point that reflective habits of the mind are necessary, but a difficult challenge within a professional education environment.

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[16] Willis's ideas articulate my understanding of phenomenology's place in both an ontological and epistemological sense in educational practice; he merely returns the focus and phenomenological intent first articulated by Heidegger and Husserl. The third chapter of this thesis utilizes Willis' use of empathetic phenomenology as a pedagogical starting point for the integration of phenomenology into student practice.

Reflection is an important aspect of the transformative learning process. Critical reflection involves a critique of the presuppositions on which our beliefs have been built (Mezirow, 1990, p. 6), and allows the learner to correct both distortions in their beliefs and errors within their own problem solving processes: "It is not concerned with the how or the how-to of action but with the why, the reasons for and consequences of what we do" (Mezirow, 1990, p.13). Mezirow states the importance of distinguishing *thoughtful* action, which is a process that involves the learner's prejudices, distortions, and provincialisms, from *reflective* action, which is the process of correcting distortions and reassigning attitudes (p.6). It is important for the learner to engage in reflective action throughout the transformative learning process as it challenges them to examine their own beliefs and explore alternate ways of thinking. It is this process that will bring about change within the learner.

When speaking of reflection, it is imperative that students and educators do not lack depth of self-reflection, or overemphasize only one aspect of their beliefs. Students and educators may be guilty of upholding values, meanings, and beliefs that give them a sense of belonging and discrediting or rejecting those that do not (Curzon-Hobson, 2003, p.204). Curzon-Hobson speak to the notion of the *critical stance,* which "impels the learner to search for new and unique possibilities through imagination" (p.202). Students and educators must resist their will to "objectify the world and reduce the unfamiliar to the familiar" (p.204). It is important within the critical stance that the learner does not stagnate knowledge within only one context and also to recognize that every learner will see different perspectives and relationships. The critical stance demands a high amount of personal reflection from the student, who must be able to separate themselves from

their own values, misconceptions and understandings, and to reflect on why previous understanding may have failed in the past (p. 206). The educator must give students the freedom to distance themselves from their own understandings and also promote the freedom to do so in others. It is important, therefore, that the educator actively supports students through this process, fostering trust and learning alongside them.

It is important to mention the difference between critical thinking and reflective judgment. For example, the learner may engage in a critical thinking process without recognizing the wider implications of the problem that exists. It is reflective judgment that identifies the problem and puts it within the context of the learner's experience and meaning structure: a student may possess strong problem-solving abilities but may never reflect as to why a particular problem keeps occurring. Also, reflective judgment is associated with thinking about ill-structured problems. These are problems that "cannot be resolved with a high degree of certainty" (King & Kitchener, 1994, p.11). The learner needs to reflect on these problems and work towards the goal of changing their meaning perspectives.

Development

The entire goal of transformative learning is change. The student needs to develop an awareness of how prior meaning perspectives have influenced their learning and look to develop new meaning perspectives. This change must be growth-enhancing (Merriam et al. 1994, p.331) and education should promote its development (p.332). It is through the engagement of the students' life experience in a critically reflective manner that the educator is able to have students' examine their conceptions of self and the world

and to formulate new, more developed perspectives (p.332). It is also through professional development that educators open up alternatives and introduce new ways of thinking about teaching, all of which are transformative in nature (Cranton & King, 2003). This development is supported by the role of the educator within caring pedagogy, and also by determining learner readiness and environments for learner-centered educational strategies.

Rethinking the Role of the Nurse Educator within Caring pedagogy

In the first part of this chapter the place of the adult educator was addressed within a humanistic educational orientation was one that mediates and enables freedom of choice that in turn meets the unique needs of the learning group (Scott et al., 1998). The educator not only needs to focus teaching practices within a humanistic orientation, they also should reflect on critical aspects of their own teaching practice. Grace (1997) emphasizes the concept of engaging and challenging the adult educator's voice and also having the adult educator problematize their role within the institution (p.12). Adult learners come into institutions with "teaching-learning habits with lived and learned understandings of their identity-differences," and it remains the role of the adult educator to be aware of how these learners "may have been disenfranchised in certain ways by particular forms of education" (p.10). Phenomenologically-guided educational practice supported by transformative learning theory makes these learned understandings and perspectives apparent within the educational process. Nurse educators also need to begin to view their practice beyond the individual attainment of student degrees and to start looking towards larger societal implications of the educational process (p.3). Educators

can help with the "social construction of knowledge and how these constructions affect the way we think about people and events" (Weyenberg, 1998, p.347).

To do this, the educator "aims to move the learner beyond the boundaries identified by the learner's present way of knowing" (Grace, 1998, p.120). This can be achieved by making caring a concept that is not only foundational and central to a student nurse's practice, but also an evolving skill that the student works on throughout their nursing career. Nurse educators can also encourage students to demand work environments that center on the caring of others, starting within their own institutional frameworks, classroom, and the clinical environment.

It is imperative for the educator to keep the assessment of student's development and understanding of caring practice within a humanistic focus. Educators should devise strategies that assess the development of caring and use of experiential learning strategies within the classroom and clinical areas. One important criterion for the development of caring pedagogy is that educators move away from behaviouralistic evaluative criteria. Grading should not be attached in a manner that constricts or situates students in particular realms of evaluation. More specifically, the end result in the development of caring practice is not the grade; it is the development of student practice. This type of evaluation should not be seen as a negative process or as a lack of responsibility of the nursing educator. When assessing the use of transformative learning strategies the educator evaluates the student's ability to comprehend their overall experience and how it affects professional practice. Nurse educators also need to pedagogically support these types of educational strategies and make time in the clinical area for them. There also

needs to be support from the nursing staff so that time is given to explore caring aspects of nursing practice.

Role of the Student/Assessment of Learner Readiness

There are certain expectations for learner readiness when approaching the development of caring pedagogy into a humanistic philosophic orientation in nursing education. Although some nurse academics feel that students need to come into nursing programs with empathy, trust, and the ability to care already in place (Welsh, 2004). With this being said, it is helpful if the learner possesses certain skills of reflectivity in regards to their past and present educational experiences. This ability enables the learner to re-conceptualize aspects of their own learning practice brought forward by the educator. This idea of reflective ability within the learner brings forth the discussion of the role of *emotional intelligence* in nursing students for the development of caring. Emotional intelligence is the ability to recognize and regulate emotions in self and others (Reeves, 2005, p.2). It encompasses the human skills of empathy, self-awareness, motivation, self-control, and adeptness in relationships, all of which are recognized as being central in effective clinical nursing practice (McCormak, 1993; Taylor 1994, in Cadman & Brewer, 2001, p.323). Empathy is said to be a major component in emotional intelligence as it is the ability to relate to others and is tied into beneficial patient outcomes (p.323). It may be beneficial for nurse educators to open up the discussion of emotional intelligence in relation to the advancement of caring pedagogy. Through the use of caring pedagogy, more specifically through the use of phenomenological inquiry, students are able to

develop these skills within student-teacher relationships and through the use of positive role modeling as well (Cadman & Brewer, 2001, p.323).

There is also the notion that the student is a creator of their own knowledge (Costas, 1993). The role of the student in developing caring practice through transformative or experiential learning processes is different than in a behavioural paradigm. The student is learning more than rote skills, they are building relationships, striving to comprehend others, and having the potential to challenge their underlying beliefs systems through the experience of other people.

Role and Use of Critical Post-Modern Theory for the Development of Caring Practice

One cannot conclude thoughts on developing caring pedagogy without addressing its place not only within nursing education, but within our institutional frameworks and broader society as well. Although the implementation of humanistic care practices remains challenging within nursing education, the broader implications that this type of orientation has for the development of critical post-modernity within nursing education remains paramount. Adult education has engaged in more dialogue regarding critical theory and its place in not only education, but in the broader context of society as a whole (Friere, 1970; Mezirow, 1990; Giroux, 1992). Nursing as a discipline remains closely tied to society's perceptions of not only health, but its priorities on health. Current neo-liberal expectations that the individual is responsible for their own health and that a disruption in health is the primary responsibility of the individual continues to pervade throughout our North American society. It is this view that has continued to halt the development of caring within institutions such as hospitals, as time is made primarily to

care for pathology and not for the patient. Foucault (1984) refers to these as "normalizing" tendencies that create and maintain standards of health that have been set previously by previous medical disciplines (Weyenberg, 1998, p.346). The patient is still often blamed for their condition. Other institutional factors such as nursing shortages, lack of equipment, and absence of managerial support for nurses have further contributed to the lack of caring practice at the bedside. Attributes of caring are still seen as inherent qualities of the registered nurse and not skills that develop over time with the careful attention to the experiences of others. Nursing education will not be at a point to address these problems until it makes the development of caring pedagogy a priority at its own institutional levels. Adult educational theory can provide a road map for nursing education regarding the dialogue and discourse of critical post-modern thought, and thereby the advancement of caring pedagogy.

Conclusion

The notion of what caring pedagogy entails is has been explored throughout this chapter. Predominant educational philosophies that are currently guiding nursing education and aspects of behaviouralism and progressivism that have slowed the development and integration of caring pedagogy have been examined, and related to furthering the development of caring pedagogy through the use of humanistic and critical orientations. Through the use of humanistic forms of education, supported by transformative and experiential learning, new caring pedagogies that focus on the experience of others can be formed. It is important to articulate the role of the educator and the student in these types of humanistic educational practices. Also, the role of

critical postmodern theory in the creation and implementation of caring pedagogy cannot be ignored. It is through the change of the underlying societal views towards caring and its role in society that changes in nursing education will come forth. Caring pedagogy has the potential to reframe not only student and educator practice, but the place of caring in society as well.

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Chapter Three

Phenomenology's Integration into Nursing Education as a Pedagogical Focus

The previous chapters of this thesis outlined the place of empathy and caring within nursing practice, and suggested how phenomenology as a pedagogical aid could further the development of caring practice. Caring pedagogy was also examined in regards to its current use and future development within nursing education. This final chapter addresses phenomenology as a philosophical school of thought and articulates how philosophical phenomenology can be integrated and levelled into nursing curricula. The intent of this chapter is to briefly trace the evolution of phenomenology from its epistemological and ontological viewpoints and to suggest further ways pedagogically to guide phenomenology in nursing practice. Phenomenology has the potential to "sponsor a certain attentive awareness to the details and seemingly trivial dimensions of our everyday educational lives" (van Manen, 1984, p.i). It is this potential that I wish to explore through a discussion of how phenomenology can be utilized as an active method of educational practice. There is also the potential for phenomenological inquiry to further develop humanistic and critical themes within nursing education. The focus on the development of these skills will be discussed throughout this chapter and integrated into the discussion on how to develop and integrate phenomenology in nursing education.

While there are several interpretations and directions of philosophic phenomenology, this chapter will include a basic overview of phenomenology starting with its key founder Edmund Husserl—since Husserlian phenomenology underpins and guides all phenomenological inquiry—, and then trace phenomenology's evolution

towards interpretive and hermeneutic methodologies through the primary works of Martin Heidegger (1962), Maurice Merleau-Ponty (1962), and Hans-Georg Gadamer (1975). A discussion will center on the use of phenomenology in nursing and educational practice and how phenomenology can be integrated and levelled into nursing curriculum.

Phenomenology's Founding Father: Edmund Husserl

Edmund Husserl was concerned with how we perceive another person's body as a living body, as a centre of consciousness and feelings (Morin, 2005, p.25), and in the part humans play in the actual construction of the world as it is experienced (Willis, 1999, p.45). Giorgi (2000) identifies that a Husserlian method of phenomenology "discovers the essence of phenomena with the help of free imaginative variation" (p.6). That is that one is able to put themselves imaginatively in the place of another. The aim of this approach to philosophy "is to describe experience as it really is, not to explain or analyze it" (Edwards, 2001, p.80). Phenomenology as a philosophic tradition and field of study emerged as a "systematic study of the essentials correlation of subjectivity with objectivity" (p.7). The key aspect of phenomenology concerns meaning, involving a readiness to suspend taken-for-granted beliefs (attitudes) in favour of a critical stance towards everyday experiences (Collins, p.181, in Merriam, 1984). It can be considered a "human science method: a profoundly reflective inquiry into human meaning" (van Manen, n.d. para. 2). This approach is valuable to nursing education as it reminds educators that nursing as a discipline has evolved beyond its initial positivistic roots within natural science, and has refocused its practice on the lived experiences of others and the understanding of patients situated in a process of living that cannot be explained,

adequately described or analyzed through "objectification, measurement, or reduction" (Mitchell & Cody, 1999, p.205, in Polifroni & Welch, 1999). Although Husserl focused on epistemological frameworks within his original philosophy of phenomenology, he still provides the foundation for understanding the place of human experience. Experience becomes the ultimate ground and meaning of knowledge (Kohak, 1978). It is through this reflection and focus on experience that other philosophers built on the ontological and hermeneutical aspects of that experience. Heron (1996) states that "a person seeking to pursue a phenomenological tasks needs to… bring these implicit everyday epistemic frameworks into clear relief and become fully aware of them" (p.120). Although it is impossible to reduce complex phenomenological principles to a logical sequence of steps and techniques, key tenets of philosophical and scientific phenomenological inquiry may be levelled and utilized throughout curricula.

What does phenomenology entail, and how did Husserl envision it? It can be argued that "an attempt to reduce the works of a great philosopher to a few basic propositions understandable to an audience not familiar with his thought is, as a rule, a hopeless undertaking" (Collins, 1983, p.180). There is also the argument poised by Paley (1997) that Husserl's philosophic phenomenology is not meant to be applied to the scientific phenomenological approach dominating the human sciences at present. However, Giorgi (2000) sees philosophic phenomenology as the foundation for scientific work, and that it was not Husserl's intent to create a scientific method for study but to articulate a philosophy that has the potential to evolve. Building on philosophic phenomenology must stay grounded in key definitions and discussions around Husserl's philosophical phenomenology. Although nursing as an academic discipline has been

drawn towards more interpretive and ontological themes towards phenomenology, particularly in nursing research, Husserl's philosophic phenomenology must be acknowledged in order to reflect on other uses of phenomenology outside of qualitative research within nursing practice. Husserl's original vision of phenomenology, be it positivistic in nature or not, provides key insights into the nature of experience and should not be discounted in favour of more post-modern perspectives. Key phenomenological concepts that Husserl identifies that provide a framework for the development phenomenology as an educational focus include: life world, intentionality, and phenomenological reduction. These important ideas of philosophic phenomenology have the potential to guide the novice educator and student on the basic tenets of phenomenological inquiry and create a foundation for the development of phenomenological nursing and educational practice.

Life World

The premise of a *life world* refers to the actual experienced world of a person corresponding to that person's intentional awareness (Collins, 1983). This world within phenomenological discourse is the "experienced life world" understood as a fluid overlapping of which the person finds her or himself as a part of all the familiar and recurrent experiences of body, time, space, and social relations which make up a person's felt world (p.102). The enquirer using Husserlian phenomenology asks about the meaning of human experience; reality in itself becomes the life world (Koch, 1995, p.830). The concept of a life world ties in well to the human science paradigmatic view of nursing, as it guides nurses towards the patient's experience during health or illness.

The *life world* is where the phenomenologist starts from, since it is in the "bringing of reflective awareness that the nature of events experienced in our natural attitude that we are able to transfer or remake ourselves in the true sense of *Bildung*[17] (van Manen, 1984, pie). It is the goal within the development of a phenomenologically-guided educational practice to begin with the ability of the educator to situate the student in the life world of another. This is the felt world of another, within the context of the nurse-patient relationship, becomes foundational for the development of empathetic and caring nursing practice. Access to the life world of another is a relational skill that the student nurse can learn through the use of phenomenologically-guided methods of nursing practice.

Intentionality

The concept of consciousness is re-situated and re-defined within phenomenological inquiry. For consciousness to be pure in nature there needs to be a shift away from previous positivistic theories that attempt to explain phenomena, towards the phenomena itself. This involves investigating experience as we live it rather than as we conceptualize it (van Manen, 1984, p.2). Husserl describes these phenomena as intentionality or the "directness or aboutness of conscious experience" (Morin, 2005, p.5). He viewed this type of consciousness as an active and creative endeavour rather than a passive or static directedness (p.54). It is through the process of phenomenological reflection that one can "turn back towards consciousness itself, and explore the essence of conscious acts, if scientific philosophic knowledge is to be clarified, then the role of subjectivity in knowledge needs to be truly grasped" (p.6). We are conscious of people,

[17] Van Manen (1984) uses the term *Bildung* to describe education and further describes phenomenological research a curriculum of being (p.ii).

objects, and our surroundings at all times within our lives, be it an active consciousness or sub-consciousness; Husserl refers to these conscious process as intentional. Husserl's concept of intentionality differs from a normative state of consciousness, as he sees consciousness as being directed toward an object, and he calls this *noesis* (from the Greek word meaning "mental perception, intelligence, or thought"). The noesis has an essence to which Husserl refers to as *noema* (from the Greek word meaning "that which is perceived, a perception, a thought") (Phillipson, 1972). Phillipson further identifies that Husserl says these noetic-noematic structures of consciousness are never in isolation of each other, but always correlated. The phenomenological agenda is an attempt to get back to the first naming of these experiences, "to understand and describe phenomena exactly as they appear in an individual's consciousness" (Phillipson, 1972, in Willis, 1999, p.96).

Phenomenological Reduction

Welch (1999) identifies three steps to phenomenological investigation. The first step is referred to as *reduction* or the *epoche,* where mental acts are described free of presupposition-- the phenomenologist suspends their beliefs and brackets both the subject and object. Husserl used the term *epoche* to describe "the disruption or break with the natural attitude, and characterizes it as a 'certain refraining from judgement', *bracketing,* or putting out of play" (Morin, 2005, p.7). It is the ability to "suspend the belief component or commitment of our intentional experiences" and to experience phenomena from a pure view free or our presuppositions and thoughts of the world (p.7). This allows one to study the "essential structures of the world" (van Manen, 1990, p.175). It is

questioned whether this suspension of beliefs is possible, as it is not measurable in any empirical terms and is subjective in nature. Some argue that it is only imaginative and lacks any way of proving that this actual suspension of beliefs has occurred. However, as Stewart & Mickunas (1990) state "it is imperative for one to open oneself to all kinds of experience in order to decide whether empiricism is a sufficient theory for explaining human knowledge" (p.26). This is the position that phenomenology takes, that there are multiple essences and views of the world that extend past positivistic or empirical base. It just takes the development of new skills to be able to see the life world of others from a phenomenological perspective. Husserl maintains that "bracketing objects does not alter experience for us in any way: nothing is lost, but the domain of subjectivity and knowledge is properly brought into view, purged of the presuppositions imposed on it by the natural attitude" (Morin, 2005, p.27). We describe our experience as involving a unified self— that is, a self which is itself a unity and which is inseparably bound up with its environment (Edwards, 2001, p.80).

The second step is known as *eidetic reduction* which is analysis performed to reveal the defining form and structures of consciousness, meaning and experience. Eidetic phenomenology suggests that there are "essential structures to any human experience, these structures are what constitute any experience. The goal of eidetic phenomenology is a description of the meaning of an experience for the perspective of those that have had the experience" (Paley, 1997, p.9).

Finally, there is the *phenomenological reduction* which searches for the essence of the object of the conscious process (Welch, 1999, p.241). Phenomenological reduction involves "reducing a complex problem to its basic elements" (p.26). It is the ability of

one to ignore his/her previous prejudice about the world, and "it is the hope that by this narrowing of attention to what is essential, he/she will discover the rational principles necessary for an understanding of the phenomenon under investigation" (p.26). This process serves as a framework within the transformative learning strategies that were discussed in chapter two. It is this *unlearning* per say that evokes change and in turn the phenomenological moment.

This process, I feel can guide nursing students in developing caring and empathetic practice. These steps can become a way of practice and a guide for the development of ontic care. Although there are different focuses from other phenomenologists in regards to the ontological concerns and the advancement of understanding of others basic phenomenological tenets such as the lifeworld, intentionality, bracketing, and reduction remain as foundational processes. It is from this foundation that other philosophers such as Heidegger, Merleau-Ponty, and Gadamer evolved phenomenology.

Heidegger

Heidegger rejected the notion that we are observing subjects separated from the world of objects about which we try to gain knowledge; rather, we are beings inseparable from an already existing world (Magee, 1988 in Draucker, 1999, p.361). Understanding and of itself occurs because we are "born into the world....as self-interpreting beings" (Koch, 1995, p.9). Much of what we do does not require consciousness or awareness, but rather everyday skilful coping. Heidegger takes the position that presuppositions cannot be suspended because they "constitute the possibility of intelligibility or meaning" (Ray,

1994, p.120 in Draucker, 1999). He sees us as always being already in the world, that experiences can only be understood in the terms or context of one's background. That is, we are tied to our social backgrounds and meanings, and cultural contexts. Therefore he concentrated more on the understanding of others than on the phenomenological description itself. Therefore also, the goal of Heideggarian research is to seek to understand the meaning of human experiences and practices, if we remove presuppositions we remove the possibility of the intelligibility of meaning (Ray, 1994). Thus Heidegger does not support the notion that experience in itself can be purely bracketed and isolated free of presupposition. Heidegger sees us as always being in the world, not as a mind and body separate within it. We are always tied to meaning, and in order to study one's behaviour it must be studied within its context (Leonard, 1994, p.51). Heidegger sees the person as a "Being" which has significance and value (p.49). People are guided by their own interpretive understanding, that is, the person is self-interpreting (p.51).

Heidegger's ontological view of phenomenology works within the framework of nursing as a human science, as he deviates away from the Cartesian view of mind and body being separate (as it is often viewed in the natural science/medical model), towards the "person as embodied" (Benner, 1994). This has given nurses the ability to view illness, not as a breakdown of the body, but as a "rupture in the patient's ability to negotiate the world" (Benner, 1985, in Leonard, 1994, p.83). The focus on illness is shifted back to a holistic focus, and there is a realization that illness extends past the physical condition of a person, into their social lives, understanding, interpretation, and creation of meaning in the existence in the world.

Nursing has made use of Heideggarian phenomenology for its interpretive aspects. Humans in health and illness are seen as connected to their cultures, environments, and social perspectives. Taylor (1987) supports this point:

> We are self-interpreting, self-defining, living always in a cultural environment, inside a web of signification we ourselves have spun. There is no outside detached standpoint from which we gather and present brute data. When we try to understand the cultural world, we are dealing with interpretations and interpretations of interpretations.

Heidegger saw caring as a certain mode that "Being in the world" could adapt, as he put it in a particular expression of *sorge*.[18] He distinguished two kinds of care: 1) care for things (concern), and 2) care for other Dasiens which he referred to as *solicitude* (Dunlop, 1994, p.37). Heidegger's comments on the notion of care have theoretically supported the development of caring practice through the use of phenomenological inquiry.

Merleau-Ponty

Maurice Merleau-Ponty revisited many of Husserl's original ideas while reflecting on the ontological concerns that Heidegger brought forward, although his perspective was really rooted more in phenomenological than ontological concerns. In particular, he focused on the perpetual experience and the need to re-focus on experience throughout its confusion and flex (Welch, 1999, p.237). Merleau-Ponty's ideas have been popular with nurse academics as he reflects on the phenomenology of perception

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[18] Sorge speaks to the "deep involvement in the world that Heidegger sees as necessary to any human activity" (Dunlop, 1994, p.36).

and corporeal aspects of experience. He also saw science as a second order expression, one that it is build upon the world as it is directly experienced (Dreyfus, 1994, p.ix). This ties in with nursing's shift towards the human science paradigm. The same is true for his focus on the "impossibility of maintaining a strict division between body and mind" (Fjelland & Gjengedal, 1994, p.17)

Merleau-Ponty also identified that phenomenology "can be practiced and identified as a manner or style of thinking, that it existed as a movement before arriving at complete awareness of itself as a philosophy" (Merleau-Ponty, 1962, p.viii). He also saw phenomenology as only being accessible as a phenomenological method (p.viii). Merleau-Ponty's focus on phenomenology as a method supports the idea of integrating phenomenology as a method of practice for nursing education.

Gadamer

Gadamer continued to develop ontological definitions of understanding brought forward by Heidegger, with the focus on interpretation and understandings in relation to their fore structures and cultural context (Welch, 1999, p.237). He viewed interpretations as not being generated in "individual consciousness as subjects relating to objects" (Pascoe, 1996, p.3). He saw us as always "interpreting in the light of our anticipatory pre-judgements and prejudices, which are themselves changing in the course of history, our understanding of the meanings that are given to situations and events are always evolving and changing" (p.5). This ability to gain understanding of others while reflecting on how our presuppositions affect this understanding is paramount within nursing practice. Although most would agree that phenomenology is a search for

knowledge leading to description, not explanation, this focus on understanding others during their experience can become a foundational skill in guiding caring practice (Welch, 1999, p.237). By utilizing the hermeneutic circle of interpretation within educational and nursing practice and attending to the fact that subjectivity is indeed a privileged position, the nurse educator can help guide students in identifying, attending to, and understanding the experience of others, particularly in the context of health and illness.

Phenomenology as a Method of Educational Practice

Much of the discussion in this chapter stems in large part from the work of Max van Manen, who has reflected primarily on the place of phenomenological inquiry in education. van Manen identifies phenomenological inquiry as being viewed as a: 1) methodology; 2) form of writing; 3) method and procedure; 4) epistemology of practice; 5) orientation; and 6) source of meaning. Phenomenology may be considered a "human science method; a profoundly reflective inquiry into human meaning" (van Manen, n.d., para. 1). Although nursing education has predominantly utilized phenomenology from a qualitative research perspective, what I am proposing is that phenomenology can be utilized as a method of educational practice. This use of phenomenology probes into sources of meaning, articulates phenomenology as a philosophical discipline, and stimulates the development of reflective practice. van Manen (1984) speaks of studying phenomenology being in terms of its practical consequences for human living. Phenomenology has much to offer nursing educational practice, as it can aid in the development of students understanding of themselves and others, thereby increasing the

development of caring and empathetic practices. Through the development of the students' understanding of philosophical phenomenology and its basic tenets, with a focus on the process of phenomenological reduction, students can learn to use the steps involved in phenomenological reduction to gain further understanding of others.

My conceptualization of a phenomenological method in education does not situate itself in one pervading phenomenological school of thought, but pulls from several different views of phenomenological inquiry; that is, I suggest that phenomenology can be represented in curricula as both a philosophy and a science. A phenomenological viewpoint begins from the foundational work of Husserl and his epistemological views of consciousness and person, towards the ontological focus of Heidegger, showing the relationships that others have within the world, towards Merleau-Ponty who integrates the two schools of thought, and finally Gadamer who seeks to extend understanding within this philosophic viewpoint. The use of this progression of phenomenology in nursing curricula has the potential to re-construct nursing knowledge and stimulate the development of reflective practice for both students and educators.

Phenomenological Reflection: Pragmatist vs. Phenomenological

A key discussion focuses around the use of phenomenology as a reflective process once it has been identified as a pedagogical tool. When examining the use of experience within an educational context it is important to articulate the difference between what Yorks & Kasl (2002) term a pragmatic (uses experience as a noun) and a phenomenological understanding of experience (uses experience as verb). The pragmatist view sees how experience relates to learning, viewing experience not as the

direct sensation of felt encounter, but as the meaning that we make of that encounter (p.181). Heron (1992) on the other hand, in his phenomenological view of experience, treats experience as a process and encounter with the world (Yorks & Kasl, 2002, p.182). Heron articulates experience as a felt encounter, as a verb instead of a noun. He also sees experience as perceptions, multiple ways of knowing, that must be balanced each within its own cannon of validity; and as a theoretical distinction between feeling and emotion (p.182). These perspectives and ways of knowing have much relevance to the way that experience can be processed and integrated into nursing educational practice.

Phenomenology's Use in Nursing

There has been criticism that nursing misrepresents pure philosophical phenomenology by moving away from pure experience into the more subjective realm (Crotty, 1996). This is an important critique that must be explored when forming a theoretical foundation for phenomenological exercises with nursing students. Giorgi (1985) defends nursing from this critique, "as nursing is not yet a well founded, fully mature discipline, and that both nursing and nursing's use of phenomenology are in the process of coming into being" (p. 25). Nursing has primarily focused on phenomenological inquiry as a research method. It becomes a description often followed by an interpretive process and summary of themes. However, nursing as a discipline has the ability to approach the use of phenomenology from a methodologically different viewpoint. Phenomenological inquiry, more specifically the use of phenomenological reduction, can be utilized by practising nurses on a daily basis in praxis to gain further insight into another's experience. Phenomenological inquiry may thus be used as a

pedagogical stimulus for the development of caring and empathy in student practice. Husserl's primary ideas situated in lifeworld, intentionality, and phenomenological reduction provide a foundation for this type of practice. There is not one specific way to approach the development of caring processes by utilizing phenomenological inquiry. It may be questioned if phenomenology in its pure form (as Husserl intended it) will elucidate caring processes: after all, it is not the intent of his philosophy to create meaning, but to isolate the experience of another. This is where the evolution of phenomenology towards ontological and hermeneutic focuses plays a pivotal role. Although Heidegger provides an integrated/ontological focus on others, phenomenology's original philosophic intent can still be explored in regards to its use as a pedagogical aid. This shift from philosophy to methodology is necessary within nursing education as:

> For phenomenology to be helpful to [nursing] it must not remain just a philosophy, it must be expressed in a way that makes it proximately helpful to [nursing] praxis, and that would be the meaning of phenomenological [nursing] as a human science rather than phenomenological [nursing] as a subfield of philosophy (Giorgi, 1985, p. 46-47).

It becomes the task of nurse educators to reflect on how to introduce a complex tradition such as phenomenology into an educational setting. That is to translate philosophy into practice. While several nurse theorists such as Watson (1988) and Parse (1998) have articulated existential phenomenology as a part and way of being within nursing practice, there has been little to no research as to how a nurse educator can articulate and stimulate

the use of phenomenological inquiry into student practice for the development of empathetic and caring student nursing practice.

What I am proposing is that the use of several theories such as Spiegelberg's (1980) *self transposal theory*, Benner's (1994) *interpretive phenomenology*, and Willis' (1999) description of *empathetic phenomenology*, because all offer a way to philosophically and pedagogically approach the development of student empathy within the clinical setting. I have chosen these three views of phenomenology as they provide an opportunity for the educator to introduce phenomenology in three different phases. The student is first introduced to Spiegelberg's self transposal theory, which out of the three selected theories most closely mirrors Husserl's original phenomenological intent. Through this exercise the student is able to integrate basic phenomenological principles into their nursing practice. As the student becomes more comfortable approaching their patients through a phenomenological lens, they may begin to question beyond the experience of the patient and stimulate discussion further into the ontological realm.

It is at this point that Benner's use of interpretive phenomenology can be introduced, and the focus on the meaning and understanding of another's experience can be integrated into student practice. Finally, the student may build on these interpretive aspects of phenomenology to further care and empathetic processes through an extension of interpretive frameworks using empathetic phenomenology. Although these three examples do not fully encompass the philosophy of phenomenology, they provide a foundation for guiding the student towards a basic understanding phenomenologically guided practice. Practical avenues to the development of empathy can be created that open up the possibility of transformative learning strategies for nursing curricula. It is

not my intent to move away from pure philosophic phenomenology in favour of a more subjective interpretation of it, but to introduce the student to phenomenology in its original philosophic intent and then build on its current use for the hermeneutical and ontic practices of nurses.

Self Transposal Theory

When approaching the use of phenomenological inquiry as a pedagogical aid it is important to start with an approach that most clearly stems from Edmund Husserl's original vision of phenomenology, as it exposes the student to the basic phenomenological tenets. Spiegelberg has taken much of this philosophical tradition and examined it in a theory that seeks to isolate the experience of others through a phenomenological lens. This process which Spiegelberg calls *self-transposal*, is similar to that of phenomenological reduction, in which all empirical determinations are suspended, or neutralized (Spiegelberg, 1980). Here we are able to take on in imagination the individual's own self-experience, intellect, moral reasoning, temperament, and personality (including the social role in which the individual is expected to fulfill in society) in order to "see the world through another person's eyes, as self-transposal should enable us to do" (Merriam, 1984, p.174). Speigelberg stresses that we "need to consider the whole frame of existence that the other occupies, not just us putting ourselves in their place, what matters is the world as the individual sees it," regardless of whether we think that the individual is misinformed about the world or has limited information (p.174). It is imperative that the transposing self strips itself of negative imagination, presuppositions, or pre-understandings, and approaches the other as

a blank slate. This will enable the ability to learn to experience others from their place in the world. Self-transposal is seen as a higher process than sympathy, empathy, identification, role-taking, or similar acts (Speigelberg, 1980, p. 176). Through the use of self transposal, caring and empathy have a greater potential to evolve within a student's nursing practice.

Self transposal as an evolving phenomenological method can lend itself well in the clinical area for nursing students. An example of a starting exercise that I have utilized in clinical practice involves having students reflect on a patient that is non-compliant with nursing care. The first step of the exercise is to have the student complete a reflective exercise in which they are to identify their own feelings about the patient, the situation, and examine their own past experience. After the student has reflected on the situation, they are asked to write down on a piece of paper all of their beliefs, judgments, presuppositions, and opinions about their patient. When they are done they fold the paper in half and tape it shut, they then symbolically tape that piece of paper outside of the patients room to remind themselves that they are to approach their patient for care that day with a clear mind. (I put the sealed paper in a safe place). The student is encouraged to evoke an *illness narrative* [19] from their patient and pay attention to how the patient describes their experience of being ill (Benner, 1994). They are asked to see the world through another person's eyes as Spiegelberg (1980) asks us to do. After the day of care

[19] Benner et al. (1996) propose ways in which narrative could become a significant aspect of undergraduate education: 1) Assignments that help students learn the skills of gathering and interpreting clinical ethnographies; 2) Experiences in which students tell stories from their own practice to increase their skills in recognizing patient and family concerns, communicating with patients, reflecting on ethical components and engaged clinical reasoning, and articulation of experiential learning and clinical knowledge development (p.316).

they are asked to open up the paper with their reflections about their pre-understandings and re-reflect on them[20].

Although this exercise seems simplistic in nature and may seem to some unfeasible within the clinical setting, when time is taken to complete it, there is an opening for the recognition and development of phenomenological practice. What this exercise does is place the student within a phenomenological mindset. They learn to purposefully step back and observe the experience of the patient from a different focus. During this phase, it is the process and the phenomenological mindset I am looking for as an educator, not the interpretation of the experience. Interpretation comes after the student becomes comfortable with isolating the experience of another.

Interpretive Phenomenology and Empathy

Interpretive phenomenology plays a central role within the transformative learning process for the development of student empathy, because it philosophically focuses on life-worlds, human concerns, habits, skills, practices, and through this focus encourages opportunities for experiential learning (Benner, 1994 p.xx). It is not my intent to reduce interpretive phenomenology to a set of behaviours or techniques (p.xvii) that should be used within clinical practice, but to draw on the hermeneutical and interpretive aspects of phenomenologically-guided nursing and educational practice with the objective to encourage the further development of critical educational competence based on carefully edited thoughtfulness (van Manen, 1984, p.36). This thoughtfulness

[20] In order for this exercise to be successful I found that it helped to: 1) not attach any marking or grading to the assignment; 2) allow the students to keep their reflections confidential; 3) adjust the students work load so that they have time with their patient; 4) ensure that the nursing staff on the unit is aware of the exercise and gives the students space; 5) provide time post-reflection to debrief the students with the exercise and answer any questions they may have, or listen to their reactions to the exercise.

enables the student to learn to put themselves into the frame of personality and mind at the root of this world and of one's comportment toward it, thus allowing them also to detach themselves from their regular existential involvements (Spiegelberg, 1980, in Merriam, 1984, p.174). More specifically, an interpretive approach to phenomenology seeks to understand the meaning attached to the experience of another, that is a hermeneutical understanding defined as the "practical art of interpretation and understanding" (Finch, 2004, p. 253).

While Spiegelberg's theory of *self transposal* encourages the student to isolate the experience of another, interpretive phenomenology challenges the student in the description and understanding of that experience. Within education this understanding can be brought forward by "knowing another's world view" (p.251). The student learns to enter a form of reflective practice that develops these skills and is thereby able to articulate the experience of another from more of an ontological viewpoint. Merleau-Ponty (1962) describes this relationship between experience and meaning:

> When we reflect upon our experience we do not encounter a self separable from the world, but one which is inextricably bound to the world; similarly, we do not encounter a self which is divided into a separable soul and body; but a unified self (In Edwards, 1998, p.80).

Similarly, Benner and Wrubel's use of interpretive phenomenology sees the subject and the phenomenologist in more of an ontological sense, in terms of "what it means to be a human being and how the world is intelligible to us at all" (Leonard, 1994, p.43). Yet we are all bound to culture and meaning to some extent, so that in order to "understand a person's behaviour or expressions one has to study the person in context" (p.51).

Knowledge is constructed from persons who are already in the world seeking to understand persons who are also already in the world (p.55). Since this understanding always involves interpretation, we are thereby consistently engaged in the hermeneutic circle of interpretation: through the back and forth analysis of the lived experience of a person we gain new perspective and depth of understanding (p.57).

Students can begin to learn this process within the context of another's experience during illness. Within the process of illness there are multiple meanings attached to a patient's experience. Each person's experience evokes a different meaning than that of another and these meanings can be guided by culture, past experience, beliefs, and present context. Students learn to move past their own generalizations and imagined or projected thoughts of what they feel the patient should experience, and begin to create a new understanding of their patient based on the patients' description of their experience. Edith Stein (1989), a student of Edmund Husserl, specifically explores empathized experience within three stages similar to what interpretive phenomenology proposes within the hermeneutic circle. First of all there needs to be an emergence of the experience itself. From this experience a fulfilling explication is completed, followed by a comprehensive objectification of the explained experience. Students can learn to utilize such a process, and gain skill in eliciting illness narratives from their patients as well as become more attuned to the act of perceiving another person (Benner, 1994, p.11). It is this enhanced understanding of another that can lead to the development of empathetic and caring processes.

Interpretive phenomenology can lend itself as a pedagogical aid that can be used as a guide for reflective practice and the development of students' understanding of

others. Although the hermeneutic circle of interpretation may be intimidating to some educators, it can be broken down into a series of steps that encourage reflective thinking as well as the understanding of others. It need not be limited to nursing research, and may be utilized in a different type of methodological sense. The hermeneutic circle of interpretation has the potential to increase the understanding of others within the clinical context for the following reasons: 1) it causes the student to reflect on their own presuppositions, meanings, and values when approaching patient care; 2) there is time taken to isolate the experience of another; 3) time is taken to reflect on the other's experience; and 4) there is an opportunity to draw on themes and interpretations of that experience. The student learns to approach nursing care through a reflective lens that goes beyond providing basic nursing care. Students can be taught to draw upon this experience within the clinical setting, without requiring that they understand the complex philosophy of phenomenology in order to identify and develop empathy for a patient.

Empathetic Phenomenology

Willis (1999) states that empathetic phenomenology focuses on the meanings given to an experience by those experiencing it, their subjective meanings and the sense they make of it; the focus is not as much on the phenomenon itself as it becomes visible, but on the meanings that are generated in or by its beholders (p.90). Within educational practice, the use of empathetic phenomenology not only ensures that the student approaches another with pure phenomenological intent, but that they tie meaning into that experience. This phenomenological view also allows the student to see that "different people participating in an event in their lives may give it radically different meanings"

(Willis, 1999, p.100). Empathetic phenomenology bases itself on the same principles of interpretive inquiry, and in turn shows the socially embedded nature of human consciousness (p.100). Self transposal theory works well for the novice student as it translates well into method, whereas empathetic phenomenology builds on method and aids the student in interpreting and understanding the experience of the other.

Crotty (1996) argues that "the epistemology that informs phenomenological methodology must be either objectivism or constructivism, and not subjectivism" (in Vallack, 2002, p.21). He further argues that to accept uncritically what others tell us, when in fact their perception may be a mistake, is not phenomenology in the philosophic tradition (Barkway, 2001). There needs to be room for some aspects of subjectivism within an interpretive framework, since the nurse is isolating the specific experience of another person.

This is not the same type of first person account within philosophic phenomenology. Human understanding is a construction and interpretation that comes into being in and out of human interaction that seeks to identify the unique experience of individuals (Barkway, 2001, p.193). Empathetic phenomenology operates within a reflective practice cycle, keeping in mind that the overall goal is to let the experience "present itself for contemplation" (Willis, 1999, p.100). It builds on philosophical phenomenology, while shifting the focus towards the experience itself and its meaning and interpretation of those involved. The experience of illness is a subjective experience that cannot be classified by diagnosis in terms of how a person will cope and respond. It needs to be explored in regards to the meanings that each person ascribes to it; it is those

meanings that the nursing student needs to gain skill in identifying, interpreting and understanding.

Each of these views of phenomenology can transcend into educational practice, and were chosen to show that phenomenological inquiry has the potential to be levelled to the skill level of the student. Since it is important to know what type of theory will guide the development of student exercises, self transposal theory is a good starting point that transcends well into the clinical practice of a novice student. As the student gains experience they may be more aware of how their own life experience, culture, and meanings affect their clinical practice. They may be more ready and willing to enter into an interpretive circle of understanding and engage in reflective practice, thereby making more use of interpretive phenomenology. As they progress in their clinical experience, they may challenge the subjective interpretation of others and look for ways to rethink how they are using a phenomenological lens in clinical practice. This is where empathetic phenomenology can be introduced as a theory that supports both the philosophical and interpretive nature of phenomenological inquiry.

Throughout this process, regardless of how the student enters the understanding of another, the goal is that students can experience a phenomenological moment during care by which they see their patient in a different light, stripped of their own beliefs, and seek to further understand that experience. It is through this use of phenomenology that the students may gain insight into others, re-examine their own meanings and presuppositions, evoke caring and empathetic processes, by seeing each person as being bound into the world.

Conclusion

Husserl's original phenomenological philosophy needs to be recognized as the foundation for the use of phenomenological inquiry in nursing practice. From his original discussions on life world, intentionality, and phenomenological reduction educators can begin to situate the use of phenomenological inquiry in educational practice. Nursing education has the ability to integrate several differing epistemological, ontological, and hermeneutic aspects of phenomenology for the development of empathetic and caring nursing practice. Phenomenological inquiry has the potential to expand its use in nursing not only as a method of qualitative research, but also as a method of educational practice. The field of adult education has much to offer nursing, not only in the works of Max van Manen, but through both pragmatic and phenomenological views of experience.

The development and integration of care pedagogy relies on the creation of new pedagogical approaches, such as the use of phenomenology for the development of reflective practice.

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Conclusions

It has been quite the endeavour to attempt to articulate how educators can combine the use of complex schools of thought pertaining to phenomenology, adult educational theory, caring, and empathy. Each subject area could well be a thesis topic on its own. But, when nursing education opens up the possibilities of other disciplines' philosophical orientations and theory, these ideas have the potential to re-conceptualize and transform aspects of nursing thought. Although areas such as empathy, phenomenology, transformative learning, and experiential learning are thought as borrowed theories within nursing, they articulate similar problems and challenges that all adult educators have faced. Although this thesis has concentrated purely on nursing education, caring pedagogy has the potential to grow in all aspects of adult and post-secondary education.

Nursing education in itself does remain unique, and aspects of complex traditions such as phenomenology can evolve to take on different foci within a nursing perspective. An example is the criticism that nursing has taken regarding its subjective view of phenomenology (Crotty, 1996). The reason why "subjectivism" appears so prevalent in nursing as a discipline is that it is a subjective field. It has been the concentration on the "objective" that has constrained nursing practice within a medical model. It is difficult to advance caring practice if we are not subjective, each person, family member, or patient within a health or illness process is an individual and needs to be treated as such. A humanistic focus, be it in nursing education or practice, is imperative for the advancement of nursing skill and practice.

But the problem still remains that nursing education has not opened up to this type of humanistic practice, or perhaps they are not fully sure how to articulate it. It is not that behaviouralism and progressivism are predominating orientations within the nursing educational environment; it is just that they become orientations that are easier to articulate and cultivate psychomotor and clinical skill. They also offer a more straight-forward, measurable way to evaluate students as well. It remains a challenge to integrate more humanistic educational practice and decide how they will be evaluated as such. That is if nursing education can not rid itself of the notion that they need to be evaluated at all.

What this thesis has hoped to do is to further the dialogue started by Benner (1994,1996), Bevis & Benner (1989), Watson & Leininger (1990) and Watson (1988) about the place of caring pedagogy and the use of phenomenology within nursing practice. Although I have briefly touched on adult educational theory to support a framework for caring pedagogy, adult educational theory needs to be further articulated and utilized within nursing educational practice. Phenomenology also needs to become more accessible to everyday nurse educators and students. This involves breaking down key phenomenological principles into steps and methods that translate easily into educational practice. Nurse educators should further incorporate and value these types of learning strategies not only within their conceptual frameworks but also within day to day educational practice.

The difficulty lies in making these types of pedagogical foci practical in nature so that they can be used in daily nursing practice. Empathy and caring can become a daily

part of a nurses practice, this process begins with nurse educators cultivating these skills in the classroom and clinical settings.

Another key issue that was brought forward in this thesis is the need for a critical post-modern perspective on caring practice. There are many critical issues surrounding the development of caring practice. Part of the reluctance or hesitance to further these types of strategies into educational environments is caused by societal and institutional views on the value of caring. Continually, health care institutions are seeing caring as a quality or trait that nurses bring with them into clinical practice. Opportunities are not created in the everyday working life of the registered nurse to cultivate these types of skills. Issues such staffing shortages, lack of vacation, increased patient loads, and scope-of-practice issues have devalued the nurse's place in these institutions. It is difficult to put caring at the forefront of any nurse's practice if they themselves are not cared for first.

Although nursing education is to be a change agent for these types of situations, nursing education and post-secondary institutions are also influenced by these processes. Institutions, as well as government funding, control the amount of clinical placements, they also dictate the types of skills that they expect the students to have. They drive nursing curricula through this demand. It becomes a vicious cycle. Although nursing education has tried new philosophical orientations to education such as the progressive approach to create better critical thinkers in clinical practice, there has remained a lack of critical theory within the educational setting. My concern with this lack of critical theory in nursing education is that nurse educators will turn back to psychomotor skill, critical thought, and other rationalistic processes within nursing education and make them

paramount over the art of caring. This is a risk as nursing has not conceptualized the development of caring practice in a way that articulates and supports its development throughout a nurses career. That is it has not been made accessible to the nurse in practice, health care institutions, or society as a whole.

What I have hoped to accomplish within this thesis and my own educational practice is what I first thought of when I read about phenomenology at the beginning of my program four years ago. I pictured a student being able to stand in the presence of their patient experiencing them without any presupposition, taking in the patient's full experience with their illness. That they would absorb what they patient said, how they said it, their gestures, facial expressions, the smell of the room, as well as other corporeal aspects of nursing care and truly see it as an isolated experience of another. And that this recounting of their patient's experience could have the potential to change them in some way. That they would learn to put aside the day to day rush of getting tasks done at the bedside, and reflect how these other humans experience being ill. This is how I saw empathy cultivated within the clinical area, through the student taking time to do this on a daily basis. When a student makes themselves do this enough it becomes a part of practice, a way of understanding others. Although this process in its description appears somewhat simplistic, it is underpinned by complex educational thought and the development of humanistic educational practice. It is this introduction to the use of phenomenology that has the potential to create empathy that in turn stimulates the development of caring practice.

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